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C+D
Chemist+Druggist
news+education+tools for the pharmacy community
www.chemistanddruggist.co.uk
15 November 2008

They're back!

Launch of the C+D Awards 2009

● **Family saved from lethal poison**
See page 4

● **How to survive the credit crunch**
See page 30

● **CPD: diagnosing childhood conditions**
See page 19

INTRODUCING THE NEW Robitussin* PACKAGING

Updated look whilst retaining strong colours and clear graphics

Revised paediatric dosing in line with MHRA recommendations

Clear labelling of the sugar free, non-drowsy benefits

On-pack information on symptoms and the importance of adhering to dosage instructions

* Trade Mar

FEEL CONFIDENT TO RECOMMEND *ROBITUSSIN* - EXCLUSIVE TO PHARMAC

ROBITUSSIN* CHESTY COUGH MEDICINE

Name of product: Robitussin Chesty Cough Medicine. **Active ingredient(s):** Guaifenesin Ph Eur 100mg. **Product licence number:** PL 00165/0097. **Name and address of the product licence holder:** Wyeth Consumer Healthc SL6 0PH. **Supply classification:** P. **Indications:** Expectorant for the treatment of coughs. **Side Effects:** Nausea, vomiting, hypersensitivity reactions. **Contra-indications:** Hypersensitivity to any of the constituents. Use in child under 2 years. Use in combination with other cold, flu or decongestant products in children under 6 years of age. **Interactions:** None known. **Pregnancy and lactation:** The potential benefit of treatment should be balan against any possible risks. **Effects on ability to drive and use machines:** No or negligible influence. **Dosage:** Adults, the elderly and children over 12 years: One 10ml measure up to four times daily. Children: 6 – 12 years: 5ml measure up to four times daily. 2 – 6 years: One 2.5ml measure up to four times daily. **Warnings:** Causes of chronic cough should be excluded if symptoms are persistent. Accompanying symptoms should be actively sou and treated. Patients with rare hereditary problems of fructose intolerance should not take this product as it contains Sorbitol and Maltitol. This product contains Amaranth (E123) which may cause allergic reactions. T product also contains small amounts of ethanol (alcohol), less than 100mg per 5ml dose. **Cost:** Amber plastic bottles of 100ml RRP £3.85. **Date:** June 2008.

ROBITUSSIN* CHESTY COUGH WITH CONGESTION MEDICINE

Name of product: Robitussin Chesty Cough with Congestion Medicine. **Active ingredient(s):** Guaifenesin Ph Eur 100mg, pseudoephedrine hydrochloride BP 30mg. **Product licence number:** PL 00165/0098. **Name and addres the product licence holder:** Wyeth Consumer Healthcare, SL6 0PH. **Supply classification:** P. **Indications:** Nasal decongestant and expectorant for the symptomatic relief of respiratory tract disorders. **Side Effects:** Sympt of central nervous system excitation may occur (sleep disturbance and, rarely hallucinations). Skin rashes with or without irritation, and urinary retention. **Contra-indications:** Hypersensitivity to any of the ingredients. Us patients with ischaemic heart disease, thyrotoxicosis, glaucoma, diabetes, enlargement of the prostate or urinary retention. Patients currently receiving or who have within two weeks received, monoamine oxidase inhibit Patients receiving tricyclic antidepressants. Patients receiving other sympathomimetic drugs. Use in children under 2 years of age. Use in combination with other cold, flu or decongestant products in children aged 2 to 6 ye of age. **Interactions:** Cardiac arrhythmias have been reported if given to patients receiving cardiac glycosides. May increase blood pressure and therefore special care is advisable in patients receiving antihypertensive thera **Pregnancy and lactation:** Not to be used in pregnancy unless on the advice of a doctor. **Effects on ability to drive and use machines:** None stated. **Dosage:** Adults the elderly and children over 12 years: One 10ml measure to four times daily. Children 6-12 years: One 5ml measure up to four times daily. 2-6 years: One 2.5ml measure up to four times daily. **Warnings:** Not to be taken by patients taking either cardiac glycosides or anti-hypertens agents, except on a doctor's advice. Not to be given to children under 6 years of age unless directed by a doctor or pharmacist. **Cost:** Amber plastic bottles of 100ml RRP £3.85. **Date:** January 2008.

ROBITUSSIN* DRY COUGH MEDICINE

Name of product: Robitussin Dry Cough Medicine. **Active ingredient(s):** Dextromethorphan hydrobromide Ph Eur 7.5mg. **Product licence number:** PL 00165/0100. **Name and address of the product licence holder:** W Consumer Healthcare, SL6 0PH. **Supply classification:** P. **Indications:** For the relief of persistent dry irritant coughs. **Side Effects:** Gastrointestinal upset, dizziness. **Contra-indications:** Hypersensitivity to any of the constitue Use of a monoamine oxidase inhibitor (MAOI) or for 14 days after stopping the MAOI drug. **Interactions:** Risk of hyperpyrexic crisis when MAOI are taken in combination with dextromethorphan. Amiodarone and quinidine increase serum concentrations of dextromethorphan. **Pregnancy and lactation:** The potential benefit of treatment should be balanced against any possible risks. It is not known whether dextromethorphan or its metabol are excreted in human milk. **Effects on ability to drive and use machines:** No or negligible influence. **Dosage:** Adults: 10ml three or four times daily. Children 6-12 years: 5ml three or four times daily. Children under 6 years: recommended. **Warnings:** Patients suffering from chronic cough, asthma or patients suffering from an acute asthma attack and any accompanying symptoms should be actively sought and appropriately treated. Use caution in patients with hepatic dysfunction. This product contains Amaranth (E123), which may cause allergic reactions. This medicine contains small amounts of ethanol (alcohol), less than 100mg per 5ml dose. Patients v rare hereditary problems of fructose intolerance should not take this medicine because this product contains Sorbitol and Maltitol. **Cost:** Amber plastic bottles of 100ml RRP £3.85. **Date:** May 2008.

Chemist + Druggist

news education

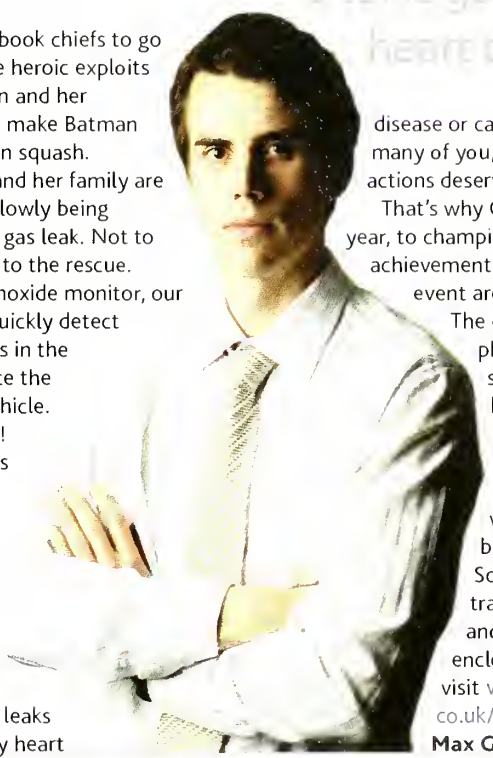
Comment from the Editor

There's never been a pharmacist superhero. Scan your comic book annuals and you'll find no shortage of medics with a sideline in the extraordinary – Doctor Who, Doctor Octopus and Doctor Strange to name a few. Marvel once had a comic called Night Nurse that celebrated the antics of three super sisters. But alas, nobody has ever found anything superhuman about pharmacy.

Well it's time for the comic book chiefs to go back to the drawing board. The heroic exploits of pharmacist Heather Climson and her dispenser Wendy Graham (p4) make Batman and Robin look like weak lemon squash.

Picture the scene – a mum and her family are in their car unaware they are slowly being poisoned to death by a deadly gas leak. Not to fear: the local pharmacy team to the rescue. Armed with only a carbon monoxide monitor, our duo swoop into action. They quickly detect unusually high levels of the gas in the patient's bloodstream and trace the noxious fumes to the faulty vehicle. The danger is averted – kapow!

But like all good superheroes the duo shy from the praise that follows. Ms Climson seems bemused by the fuss. She displays a humble streak that is characteristic of many in the profession. After all, saving lives is all in a day's work for a pharmacist, whether it's spotting toxic gas leaks or catching killers like coronary heart disease or cancer. It might seem ordinary to many of you, but to us mere mortals your actions deserve to be feted.



That's why C+D launched its awards last year, to champion some of your outstanding achievements, and details of next year's event are announced this week (p28).

The event is about the whole pharmacy team, from counter staff to managing directors. And because you keep on breaking fresh ground as a profession, we've rolled out new categories to recognise a new wave of prescribers and business entrepreneurs.

So put aside your superhuman trait of modesty for one second and complete the entry form enclosed in this week's C+D or visit www.chemistanddruggist.co.uk/awards.

Max Gosney, News Editor

Contents

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Family saved from fatal poison by smoking cessation service

Routine monitor reading reveals customer's dangerously high carbon monoxide levels

Jennifer Richardson

A Glasgow community pharmacy saved a family's life when its smoking cessation service revealed they were being poisoned by carbon monoxide from their car.

Mum-of-two Annette Bolesworth had quit cigarettes for several months when she visited McCleans Chemist for her weekly NRT supply.

But dispenser Wendy Graham recorded unexpected carbon monoxide levels in Ms Bolesworth's blood that were four times higher than the average non-smoker.

Pharmacist Heather Climson initially suspected Ms Bolesworth of having succumbed to the habit.

But Ms Bolesworth was adamant she'd stuck to the 12-week smoke-free programme provided by McCleans. "My second thought was that the carbon monoxide monitor was dodgy," said Ms Climson, "but we tested it on another customer and it was fine."

Ms Bolesworth eventually discovered that her car was the culprit, and that her and her family were being exposed to the potentially deadly gas every time they used the vehicle.

Dispenser Wendy Graham and pharmacist Heather Climson suspected a faulty monitor

Both Ms Bolesworth and the local NHS board that supports the stop-smoking services have praised McCleans' discovery. "It could have been fatal if it had continued," said Liz Grant, NHS Greater Glasgow & Clyde public health pharmacist.

Ms Climson is bemused by the attention the case has attracted. "I think it's been blown out of proportion," she said. But she had recommended to the board that pharmacists providing the service be given more training in carbon monoxide readings.

It had not been the first case of its kind in the area, Ms Grant revealed. The board was now advising pharmacists to be alert to unusually high carbon monoxide levels and that these could indicate possible poisoning.

Protection urged as staff attacks rise

Pharmacy employers have been warned not to compromise on staff security after official figures revealed that reported physical assaults against pharmacists and other NHS staff are increasing. Data from the NHS Security Management Service in England showed attacks rose by 284 to 55,993 incidents in 2007-08.

The service stated the rise had been caused by improved reporting of assaults, rather than an increase in actual assaults.

But John Murphy, director of the Pharmacists' Defence Association, said some pharmacy employers still did not offer assaulted staff the support they needed or place enough importance on taking a zero tolerance approach to violence.

He warned employers: "It is important when [you are] strapped for cash that you don't compromise on the security of staff."

In one case this year a pharmacist received hospital treatment and was off work for a week after being assaulted by a patient's husband. The man had proceeded into the restricted dispensary section, swearing at the pharmacist and poking him in the chest. When the pharmacist tried to hit the panic button he felt a blow to the side of his head, causing his glasses to break and bruising.

Mr Murphy warned many other cases probably went unreported, particularly where there was no actual physical harm. **ZS**

C+D Awards 2009 launched to honour best of profession

C+D has launched its 2009 awards to champion the very best of the profession.

Pharmacists and their support staff who tell us about their professional and business achievements could be celebrating at a prestigious event in London's Mayfair next summer.

C+D Awards 2009 follows the success of the inaugural awards this year, when 12 winners collected their trophies in front of 500 industry guests.

This year, three new categories have been added to the list: Pharmacy Innovation of the Year, Pharmacist Prescriber of the Year and Pharmacy Business Leader of the Year.

Also new for the 2009 awards is an online entry process at www.chemistanddruggist.co.uk/awards. There is also an entry form published in this week's C+D or available to download from the website.

Judges include the newly appointed national clinical director for community pharmacy, Jonathan Mason, and all last year's winners.

The deadline for entries is March 6, 2009. **JR**

For more information and an entry form, **see page 28**

White paper targets slip

Ongoing consultation on document's proposals pushes back original deadline

Jennifer Richardson

At least two pharmacy white paper targets are set to slip beyond their end of year deadline, as work continues on delivering the government's blueprint for the profession's future.

The delay was due to the ongoing status of a consultation on white paper proposals, said NHS Employers, the workforce representatives responsible for the affected goals.

Proposals for making medicines use reviews (MURs) more focused on health outcomes, and for funding to reward this, were due by next month.

But a joint working group of PSNC and NHS Employers does not expect to deliver the first of its work until "early next year".

This would include "guidance for PCTs, contractors and accredited pharmacists to ensure maximum benefits from the MUR service", said Felicity Cox, NHS Employers lead negotiator on community pharmacy.

NHS Employers was also due to devise a support programme to help PCTs strengthen their pharmaceutical needs assessments (PNAs) by this autumn. It expects to publish updated guidance and toolkit "early next year", Ms Cox said.

She said: "These will give an overview of the aims of a PNA, how a PCT should approach the development of their PNA and will provide a recommended structure and content."

Asked about the delay, an NHS Employers spokesperson said: "Some of the deadlines have been moved slightly because of the ongoing consultation... These new timescales have been agreed by all parties." The consultation is due to close next week.

A working group to promote professional relationships had been convened, and discussions between representatives from NHS Employers, PSNC and the British Medical Association were "ongoing and productive", Ms Cox added.

What's happened to the white paper deadlines? Go to www.chemistanddruggist.co.uk for a full list of targets and deadlines

Tougher measures needed to stop shortages, wholesalers warn

Wholesalers want the government to back beefed up measures to monitor medicines shortages.

A formal and blameless system to notify pharmacists and other stakeholders of supply chain problems was needed, said Martin Sawer, executive director of the British Association of Pharmaceutical Wholesalers (BAPW).

"Individual players need to be able to communicate more easily – without finger pointing – because at the end of the day it's the patient that needs to benefit from this," Mr Sawer told C+D after the BAPW's business day last week.

He added: "It would be helpful if the government could act as an honest broker in this to give it some authority."

A Department of Health spokesperson said it would be willing to discuss BAPW's proposals with them.

But the DH rebuffed criticism from UniChem managing director Jeremy Main that its current guidance on managing shortages was insufficient. The guidance dealt primarily with specific manufacturing failures, Mr Main said, and was not "in any way sufficient" to deal with "significant" shortages predicted to occur when planned branded drugs price cuts come into effect on January 1.

However, the DH spokesperson responded: "The joint DH/industry best practice guidelines on medicines shortages are designed to help minimise the impact of any medicine shortages – not just those caused by manufacturing issues."

The guidelines could be a starting point but needed to be built upon, Mr Sawer insisted. But a more comprehensive communication system was unlikely to be in place to deal with the looming winter shortages, he admitted. **JR**

Contractors see interest cuts

Contractors with business loans should benefit from the Bank of England's cut in interest rates, wholesalers have told C+D.

UniChem welcomed last week's 1.5 per cent drop in interest rates and said it should "help our customers at a time when cash is tighter than ever". The wholesaler confirmed its Pharmacy Finance Scheme customers would "shortly be seeing their monthly repayments fall, in line with reductions in [inter-bank lending rates]."

AAH and Phoenix both offer loan guarantee schemes for customers. AAH said it did not provide loans directly, but underwrites bank loans. Interest rates would be a matter for the banks, the wholesaler stated. Phoenix said its loans were linked to bank base rate and a reduction in the official base rate would depend on the individual bank. **ZS**

News in brief

Café Society

Free coffee is now available to all pharmacists at the Royal Pharmaceutical Society's fifth floor restaurant for a limited period only. C+D is keen to get a member's review of the newly opened eatery, so if you think you are pharmacy's answer to AA Gill, then please contact Max Gosney at mgosney@cmpmedica.com

Top-up safety

Community pharmacists must have a role in ensuring patient safety, following the government's decision to allow private treatments to "top-up" NHS care, the CCA and RPSGB have said.
www.chemistanddruggist.co.uk

Speak out on 100hr rules

Fifty pharmacists responded to the DH consultation on control of entry last week, at a Beta Buying Group meeting. The group believes the proposals, which would give PCTs greater sway over new pharmacy contracts, are a threat.

Better broadband

The Scottish Government is upgrading its N3 broadband networking contract to address issues raised by system suppliers and contractors. The changes are currently being trialled. The move follows concerns raised at a Numark IT steering committee.
www.chemistanddruggist.co.uk

Research vital to sector

Pharmacists must improve the collation of data to drive practice research and development within the profession, a summit held by the Pharmacy Practice Research Trust has heard.
www.chemistanddruggist.co.uk

News in brief

DH fuel shortage help

Guidelines issued by the Department of Health on emergency planning for fuel shortages have included and praised community pharmacy. The document praised repeat dispensing services for cutting the number of car journeys made to the GP by the patient.

White paper plans

Pharmacy chiefs and GPs will head to parliament this month to discuss controversial rule changes to doctor dispensing in rural areas. A joint PSNC and DDA meeting will brief MPs on proposals in the pharmacy white paper to prevent dispensing GPs located close to pharmacies from dispensing medicines.

Clarke's Transcom

Plans for the new professional body could have benefited from the steering group behind the organisation travelling further around the UK. Transcom chairman Nigel Clarke told C+D he would have liked to have got out on the road more to hear pharmacists views, but fell victim to time constraints.

NCSO update

The Department of Health and the National Assembly for Wales have agreed to allow NCSO endorsements for the following items for November prescriptions:
Cimetidine 400mg tablets
Hydroxyzine 25mg tablets.

Down the toilet

This year's decline in toiletry and cosmetic sales was the worst in at least eight years, according to official figures. Specialist sellers faced strong competition from supermarkets as hard-up customers were trading down or shopping around for discounts, the British Retail Consortium reported.

GSK to close UK site

More than 600 GlaxoSmithKline employees face losing their jobs over the next four years. The manufacturer has announced plans to close its Dartford site by 2013, after forecasting a "substantial decline" in demand for the two main products manufactured on the site because of patent expiries.

White paper reforms on track, minister says

Opposition from dispensing doctors will not be allowed to derail plans

Max Gosney

Pharmacy white paper reforms will not be derailed by opposition from dispensing doctors, a senior health minister has stressed.

Ben Bradshaw gave the reassurance after meeting a concerned contractor during a Building Bridges visit last month.

Fears follow fierce local campaigns from GPs against rule changes in the paper that will stop practices located close to pharmacies from dispensing.

Mr Bradshaw pledged not to let this "overshadow the other important provisions in the white paper". He said: "I consider these to be essential in repositioning community pharmacy at the very forefront of primary and community care and I can assure you we will not lose sight of this."

The comments came in a letter to George Wickham of Alphington Pharmacy in Exeter, who Mr Bradshaw visited as part of C+D's Building Bridges campaign.

Mr Bradshaw said: "I very much enjoyed my visit... community pharmacy is integral to our plans... and it was good to see it first hand."

The health minister also looked to follow up concerns over vascular screening discussed during the visit.

Mr Wickham explained: "I had been to my PCT who had no acknowledgement vascular checks would be delivered through pharmacy and not just doctors."

However, in his written response, Mr Bradshaw confirmed pharmacy would be used to deliver the checks planned for over 40s. A meeting was being held with pharmacy representatives this month to map out the service, he said.

The government was also working with PCTs to ensure appropriate commissioning, he added.

Sign up for an MP visit by emailing:
mgosney@cmpmedica.com

Hats off to finalists in Update Knockout 2009

As Pharmacy Update heads for the end of the year there are 34 intrepid students who have kept a clean sheet throughout 2008.

They now face three elimination rounds to decide who collects the prize money for Update Knockout 2008, supported by Genus Pharmaceuticals.

The finalists are: Jennifer Jones (Plymouth), Michelle Warner (Ashington, W Sussex), Trevor Purrington (Oxford), Maggie Vesty (Oxford), Fiona Marshall (Isle of Man), Lynne Woodburn (Carnforth), Raymond Hyde (Gt Yarmouth), Rosemary McLaughlin (Sheffield), Peter Cairns (Lisburn, N Ireland), Dorothy Pritchett (Cockermouth), Tara Arnold (Ballyclare, N Ireland), Margaret March (Weston-super-Mare), Sheila Hartley (Carnforth), Jayne Daniels (Clapham-via-Lancaster), Rosemary Blackie (Sheffield), David Capstick (Huddersfield), Susan Sears (Dorking), Hazel Barton (Glasgow), Helen Ferguson (Felixstowe), Raj Patel (Kingston), Sheila Castle (Truro), Leon Warman (Exeter), Rekha Samani (Hatch End), Susan Phillips (Clynnerwen), Kenneth Hilton (Wigan), Sharonjit Joall (Birmingham), Balvinder Gahir (Birmingham), Vivek Kuvelker (Stockon-on-Tees), Bhervi Patel (Newport Pagnell), Susan Davidson (Sunderland), Hazel Abbie (Gullane, E Lothian), Jacquie Lee (Selly Oak), Margot Marchbank (Longniddry, E Lothian), Peter Heron (Hull).

Watch this space for the exam results! **PG**

Update Knockout is supported by

GENUS PHARMACEUTICALS

Men are fuelling counterfeit medicines trade

Just 6 per cent of men would use their pharmacist or GP as a first port of call for advice on purchasing medicines.

And one in 10 men have bought prescription-only medicines without prescriptions, according to Pfizer research on counterfeit medicines.

The Cracking Counterfeit report aims to reveal why men "are choosing not to engage with their GP or pharmacist and instead opting to risk their health by buying through illicit sources".

Half of purchases made without prescription were done via the internet, Pfizer said, "a worying statistic when you factor in that 90 per cent of all medicines sold on the internet are thought to be fake".

Men were "potentially pouring more than £10 million into the counterfeit medicine market annually", Pfizer estimated.

Both Pfizer and the MHRA highlighted the RPSGB's logo for registered UK internet pharmacies. An MHRA spokesperson said: "Buying medicines from the internet is not a good idea, unless buying from a website that has an RPSGB internet pharmacy logo."

Almost four in 10 men buying POMs without prescriptions cited convenience and speed as key reasons for doing so. **JR**

NEW

In moderately active ulcerative colitis:

Asacol goes from Strength to Strength

Asacol 800mg MR tablets (MESALAZINE)

Introducing NEW

Asacol 800mg MR tablets, licensed up to 4.8g/day[1]

Each modified release tablet contains 800 mg mesalazine

℞ *Asacol 800*

by brand AND strength

Asacol® 800mg MR Tablets Abbreviated Prescribing Information

Presentation: Asacol 800mg MR Tablets, PL 00364/0083, each modified release tablet contains 800mg mesalazine (5-aminosalicylic acid). Product is supplied in plastic (HDPE) bottles containing 180 tablets (£124.86) **Indications:** Ulcerative colitis: Treatment of mild to moderate acute exacerbations. For the maintenance of remission. Crohn's ileo-colitis: Maintenance of remission **Dosage and administration:** Adults: Mild acute exacerbations: 3 tablets a day in divided doses. Moderate acute exacerbations: 6 tablets a day in divided doses. Maintenance of remission of ulcerative colitis and Crohn's ileo-colitis: Up to 3 tablets a day, in divided doses. **Elderly:** The normal adult dosage may be used unless renal function is impaired. **Children:** Not recommended. **Contra-indications:** A history of sensitivity to salicylates or renal sensitivity to sulfasalazine. Confirmed severe renal impairment (GFR less than 20 ml/min). Hypersensitivity to any of the ingredients. Severe hepatic impairment. Gastric or duodenal ulcer, haemorrhagic tendency **Precautions:** Use in the elderly should be cautious and subject to patients having a normal renal function. Discontinue treatment immediately if acute symptoms of intolerance occur including vomiting, abdominal pain or rash. Patients with the rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine because of the presence of lactose monohydrate. Standard haematological indices (including the white cell count) should be monitored repeatedly in patients taking azathioprine, especially at the beginning of such combination therapy, whether or not mesalazine is prescribed. Asacol should be used in extreme caution in patients with confirmed mild to moderate renal impairment. Renal function should be monitored (with serum creatinine levels measured) prior to start of treatment, and periodically during treatment, taking into account individual history & risk factors. Mesalazine should be discontinued if renal function deteriorates. If dehydration develops, normal fluid & electrolyte balance should be restored as soon as possible. Serious blood dyscrasias (some with fatal outcome) have been very rarely reported with mesalazine. Haematological investigations including a complete blood count may be performed prior to therapy initiation and immediately if the patient develops unexplained bleeding, bruising, purpura, anaemia, fever or sore throat. Stop treatment if suspicion or evidence of blood dyscrasia. Lactulose or similar preparations which lower stool pH should not be concomitantly administered. Concurrent use of other known nephrotoxic agents, e.g. NSAIDs & azathioprine, may increase risk of renal reactions. Mesalazine should therefore be used with caution during pregnancy and lactation when the potential benefit outweighs the possible hazards in the opinion of the physician. If neonate develops suspected adverse reactions consideration should be given to discontinuation of breast-feeding or discontinuation of treatment of the mother. **Undesirable Effects:** Common: nausea, diarrhoea, abdominal pain, headache, vomiting, arthralgia/myalgia. Rare: reports of leucopenia, neutropenia, agranulocytosis, aplastic anaemia, thrombocytopenia, myocarditis & pericarditis, peripheral neuropathy, vertigo, bronchospasm, eosinophilic pneumonia, pancreatitis, alopecia, lupus erythematosus-like reactions and rash (inc. urticaria), bullous skin reactions, abnormalities of hepatic function and hepatitis, interstitial nephritis and nephrotic syndrome with oral mesalazine treatment, usually reversible on withdrawal. Renal failure has been reported. Suspect nephrotoxicity in patients developing renal dysfunction. Drug fever. Very rarely, mesalazine may be associated with exacerbation of the symptoms of colitis. Stevens Johnson syndrome & erythema multiforme, interstitial pneumonitis. **Legal category:** POM **Marketing Authorisation Holder:** Procter & Gamble Pharmaceuticals UK Ltd, Egham, Surrey TW20 9NW. Asacol is a trademark. © 2007 Procter & Gamble Pharmaceuticals. Refer to Summary of Product Characteristics before prescribing. Date of preparation November 2007. AS7555

Reference:

1. Asacol 800mg MR tablets Summary of Product Characteristics, September 2007

Date of Document Preparation January 2008. AS7609/55578.20

Adverse events should be reported to Procter & Gamble Pharmaceuticals UK Ltd on 01784 474900. Information about adverse event reporting can be found at www.yellowcard.gov.uk

Dispensary
TALK

Is it vital that the leader of the new professional body is a pharmacist?

"I'm afraid I do think it's very important that it's a pharmacist. If we have a leader who's not a pharmacist that means people who aren't pharmacists could become members. You would get to a point where you think 'how does this body actually represent us?'."
Val Turner, Turner Pharmacy, Worthing

"I think it should. Representation is not as high as it could be in the Society anyway. The new body needs to be able to represent us so it needs to be led by someone who knows the role of pharmacy and understands the legality of things."
Mohamed Haji, Belfairs Pharmacy, Essex

• We inadvertently transposed the pictures of our Dispensary Talk interviewees last week (C+D, November 8, p10). Apologies to Keith Howell and Paul Rodwell.

WEB VERDICT:

Yes 97%

No 3%

Chairman view: Just over a year [illegible] professional body [illegible] starters orders and [illegible] are starting to [illegible] leaders. If our poll results are a guide to form, then [illegible] pharmacists with an eye on the top job will be [illegible] outsiders.

Next week's question: Dispensary Talk goes off piste this [illegible] ask the question on [illegible] Do you [illegible] Dancing? Vote at www.chemistanddruggist.co.uk

Professional body plans out this month

Prospectus to be with pharmacists by November 28

Max Gosney

Pharmacists will receive a prospectus on the new professional body by November 28 after the document was endorsed by RPSGB Council members.

Minor changes were made to the prospectus after a private meeting at Lambeth last Thursday, RPSGB president Steve Churton told C+D. However, these centred on the document's design rather than content, Mr Churton said.

The prospectus is based on a six-month independent inquiry by the Transcom group into what pharmacists want from a representative body. Mr Churton said: "Every pharmacist should treat it seriously. Take time to read it."

The professional body plans were not set in stone, the RPSGB president stated. The document included a feedback form and pharmacists' views would be taken on board, he stressed.

Mr Churton said: "We don't want to say to members that's it. But to say does it reflect your views? And if it doesn't then tell us about it."

Steve Churton : take time to read the document, treat it seriously

Pharmacists will be asked if there is anything outlined in the professional body prospectus that would put them off joining, C+D understands. The RPSGB will also seek views on membership services it is proposing for the body. The deadline for feedback is January 9.

The Society declined to supply an advanced copy of the prospectus as C+D went to press. Nigel Clarke has confirmed that the blueprint is largely based on the most recent round of Transcom meetings.

The Transcom documents propose a body that helps pharmacists meet regulatory rules and promotes best practice.

Steve Churton answers your professional body queries in our digital edition on December 6

Timeline of events

Nov 6:	Prospectus given green light by RPSGB Council
Nov 12:	RPSGB president and chief executive answer your questions on the professional body at C+D question time
Nov 28:	Hard copy of prospectus reaches all pharmacists
Jan 9, 2009:	Deadline for pharmacists to have their say on the prospectus
Feb 2009:	RPSGB to consult on proposed changes to its charter to allow evolution into leadership body
Jan 2010:	RPSGB set to give up role as joint regulator and leadership body for pharmacy

Reprimand after drug-free year

A pharmacist from Waterlooville who told a disciplinary hearing that he once believed he was Superman will not be struck off.

William John Carcary was instead given a reprimand by the RPSGB's statutory committee.

The action comes a year after Mr Carcary admitted taking drugs from the Boots pharmacy where he had worked in Cowes in 2003.

The hearing was adjourned last November for a year for Mr Carcary to undergo regular drug tests.

The 30 year-old had urged the committee to allow him to continue practising.

At the initial disciplinary hearing last year he had said he "deeply regretted" his past.

At the resumed hearing, the reprimand was imposed after the disciplinary panel was told the results of four tests carried out during the previous year showed him to be drug-free.

The initial hearing had heard that Mr Carcary had used pharmacy supplies of pethidine and morphine. He had also admitted using various drugs including cannabis, amphetamine, magic mushrooms, LSD and ecstasy.

He had told the hearing: "I am not a danger to the public or my employer. I believe there's a need for an experienced pharmacist to serve the public." **UKL**

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Clinical Alerts

SPC Changes

Relenza 5mg/dose inhalation powder (zanamivir) Patients, particularly children and adolescents, should be closely monitored for behavioural changes. GSK UK, 0800 221441, customercontactuk@gsk.com

Requip tablets (ropinirole) Addition of a statement regarding dyskinesia in patients with advanced Parkinson's disease. GSK UK, 0800 221441, customercontact uk@gsk.com

Twinrix Adult Vaccine (hepatitis A vaccine, hepatitis B vaccine) New sections on pregnancy, and on obesity. GSK UK, 0800 221441, customer contactuk@gsk.com

Atarax 25mg tablets (hydroxyzine) Because of its potential anticholinergic effects, Atarax should be used with caution in patients with bladder outflow obstruction. Alliance Pharmaceuticals, 01249 466966, medinfo@alliancepharma.co.uk

Maxalt 5mg, 10mg tablets, Maxalt Melt 10mg oral lyophilisates (rizatriptan) New information on medication overuse headache and new side-effects. Merck Sharp & Dohme, 01992 467272.

Gardasil (human papillomavirus) Added warning that fainting may follow any vaccination and that vaccinees should be observed for approximately 15 minutes after administration. Sanofi Pasteur MSD 01483 505515, uk-medical information@sanofi-aventis.com

Adalat (nifedipine) Treatment now contraindicated to week 20 in pregnancy. Bayer, 01635 563000.

Hydromol Emollient (light liquid paraffin, isopropyl myristate) Name changed to Hydromol Bath & Shower Emollient. Alliance Pharmaceuticals, 01249 466966, [illegible]alliancepharma.co.uk [illegible]edicines.org.uk

New Products

CellCept (mycophenolate mofetil) Roche has issued a statement assuring pharmacies that CellCept is available and can be ordered from the company if required. There have been reports from pharmacists that some wholesalers have been unable to provide supplies. Roche 0800 731 5711.

Statin cuts heart risk in 'healthy' individuals

Study reports 44 per cent reduction in risk of major cardiovascular events

Gavin Atkin

Healthy individuals with raised C-reactive protein levels and normal cholesterols may have their risk of major cardiovascular events cut by 44 per cent by taking a daily 20mg dose of rosuvastatin, a study published by the New England Journal of Medicine has shown.

The JUPITER study, which was stopped early when the benefits became clear, also showed reductions in cholesterol and C-reactive proteins of 50 and 37 per cent respectively.

The trial's wider combined endpoint was MI, stroke, revascularisation, unstable angina or death from cardiovascular causes. The results showed endpoint rates of 0.77 per 100 person-years for the rosuvastatin group compared with 1.36 in the placebo group.

Apparently healthy men of 50 and over could benefit from a daily statin dose

The male subjects were 50 years and over, and the women were 60 or more years of age. They were admitted to the trial if they had an LDL cholesterol of 3.4mmol/L and a C-reactive protein level of 2mg/L, and no history of heart disease, and were randomised to either 20mg rosuvastatin daily, or placebo.

The authors wrote that they hoped the results would give new impetus to efforts to develop anti-inflammatory drugs as potential vascular therapeutic agents. http://tinyurl.com/6ey5xp

• The BMJ has published a review of statin-induced myopathy showing low rates of incidence for the side effect. tinyurl.com/6a4wxv

Scan backs Alzheimer's theory

The theory that individuals with better thinking, learning and memory abilities are able to stave off the symptoms of Alzheimer's disease has received support from a brain scanning project.

The experiment reported by the journal Archives of Neurology used a carbon labelling technique to identify the amount of myeloid plaque in individuals' brains.

It found that in those with large quantities of plaque material, performance in tests correlated with higher levels of education.

SMC says yes to treatments

Scottish Medicines Consortium officials have accepted the anti-seizure drug rufinamide in conjunction with other treatments, anidulafungin for candidiasis and the pulmonary hypertension treatment ambrisentan.

Rufinamide (Inovelon) is approved as an adjunctive therapy for treating seizures associated with severe Lennox-Gastaut syndrome epilepsy in patients of four years and older who have not responded to traditional anti-epileptic drugs.

In studies, patients treated with rufinamide plus a standard anti-epileptic drug reported fewer and milder seizures compared with placebo. Rufinamide was generally well tolerated, with drowsiness and vomiting the most commonly reported side effects.

SMC has accepted anidulafungin (Ecalta) for restricted use in invasive candidiasis in adults with normal levels of white blood cells in patients who are unable to tolerate fluconazole or have resistant candidiasis. The treatment works by targeting a component of the candida yeast cell wall.

However, it is more expensive than fluconazole and so would not be preferred in situations where the older drug can be used.

Ambrisentan, which blocks endothelin and allows lung blood vessels to expand, is to be used in patients with class II or III pulmonary hypertension and should be used only in specialist units.

The SMC did not accept icatibant (Firazyr) for treating acute attacks of hereditary angioedema. www.scottishmedicines.org.uk

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Clinical Briefs

Sexual function boosted

Testosterone patches delivering 300micrograms per day produce a meaningful improvements in sexual functioning in post-menopausal women, according to a new study. http://tinyurl.com/6k5dbs

Rimonabant trials halted

Sanofi-Aventis has written to health care professionals advising it has decided to stop all clinical trials involving the obesity drug rimonabant. http://tinyurl.com/5jr28m

No CV benefit for vits

A trial of vitamins C and E has failed to show a reduction in major cardiovascular events. The 10-year Physicians Health Study II was a randomised double-blind placebo controlled trial that included 14,641 US male doctors. http://tinyurl.com/69okvp

Which report caught your attention?

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Look out for the iceberg

The crew of the Titanic must have expected icebergs in the North Atlantic at that time of year, yet no one was looking out for them. Similarly, we have been warned about stock shortages in December and January and no one seems to be taking any action.

Wholesalers are jumping up and down, shouting "look out" for the stock shortages ahead, while MPs reply simply that "it is not possible to predict them" (C+D website). UniChem's Jeremy Main is right to say that this is "simply not good enough". The looming stock shortages are as easy to predict as icebergs in the North Atlantic. The only question is whether they sink us or not.

Ever since PPRS price changes were timetabled for January 1, various pharmacy sources have been warning that this was poor planning of the worst order.

The only reaction from the DH has been to make things even worse by introducing price changes in two instalments, creating "two bites of destocking and shortages", according to BAPW chairman Ian Brownlee (C+D, November 1, p10). The problem is further compounded by manufacturer quotas and the shortage of parallel imports.

> "Looming stock shortages are as easy to predict as icebergs in the North Atlantic. The only question is whether they sink us"

December and January will be even more fraught than usual at X Pharmacy, as we are left holding the baby yet again. The truth is, of course, that the baby is safe with us.

However severe the stock shortages, pharmacists will ensure that patients do not go without their medicines except in the most extreme circumstances. By rationing supplies, arranging for alternative prescriptions, sharing stock between pharmacies, and liaising closely with wholesalers and manufacturers, tragedies will be avoided. No thanks to the Department of Health.

While we shouldn't volunteer to be on the front line of cock-ups like this, we should make plenty of noise about our ability to handle them. MURs and other clinical services are all very well, but our safe and effective supply of medicines saves lives every day. The dispensing role has become distinctly unfashionable in recent times. This is a chance to make it trendy again.

Our ability to navigate the dangerous waters ahead will be made more difficult still by our own concerns about dispensary stock losing its value on New Year's Day. It's time to batten down the hatches and sail as close to the wind as we dare.

The D'Arcy angle — John D'Arcy

It's not such a mystery

One of community pharmacy's key strengths is accessibility – to a range of services and a pharmacist – whenever the pharmacy is open. Ready and easy access to services and advice is something that resonates with local communities and a factor that ensures consumers treat pharmacists with high regard. It does, however, leave pharmacy exposed and easy prey for mystery shoppers.

The pharmacy target grows larger as we stick our professional head higher over the parapet. In the last few weeks pharmacy has suffered at the hands of both Which? and the Daily Mail, which have both claimed that pharmacy staff are falling short of providing proper advice.

It is natural to react strongly – and defensively – to criticism in nationally published surveys. And pharmacy, given its culture of self-regulation, does have a tendency to regard any alleged failing in standards as unacceptable.

However, we do need to apply a keen sense of proportionality in responding to these surveys. For a start, they are very simplistic. The process seems to involve a few bods presenting in the pharmacy to note down the response to a number of questions. The responses are then judged by a number of anonymous pharmacy "experts". Hardly what we might call scientific rigour.

Drawing firm conclusions from such 'dip stick' research is always likely to be dangerous. Day to day performance cannot be judged against what an expert panel would do. Rather, things should be judged from what a reasonably competent practitioner would do. How such a practitioner responds depends on a variety of factors and will in large part be determined by the person to person interaction in the pharmacy – something that will never come across in a tick box survey.

The response of pharmacy has also to be looked at in the context of how busy they are. Pharmacies are very busy places – and becoming increasingly so. The typical pharmacy is now dispensing a prescription every one and a half minutes. The time spent on an increasingly complex mix of pharmacy services will inevitably limit the time available to advise consumers. And there is always that nagging feeling of being uniquely exposed; no other profession – health or otherwise – operates on a pop in basis and so leaves itself so exposed to mystery shoppers.

We cannot ignore the underlying messages highlighted by these exercises. Indeed we would not want to as any lessons that help improve overall pharmacy performance have to be welcomed. We also need to recognise that there are instances where we do fall short of what is expected of us.

However, the high profile mystery shopping exercises do have a tendency to overshadow the great work that UK pharmacists and their staff do for their local communities on a day by day basis.

John D'Arcy is interim managing director of Numark

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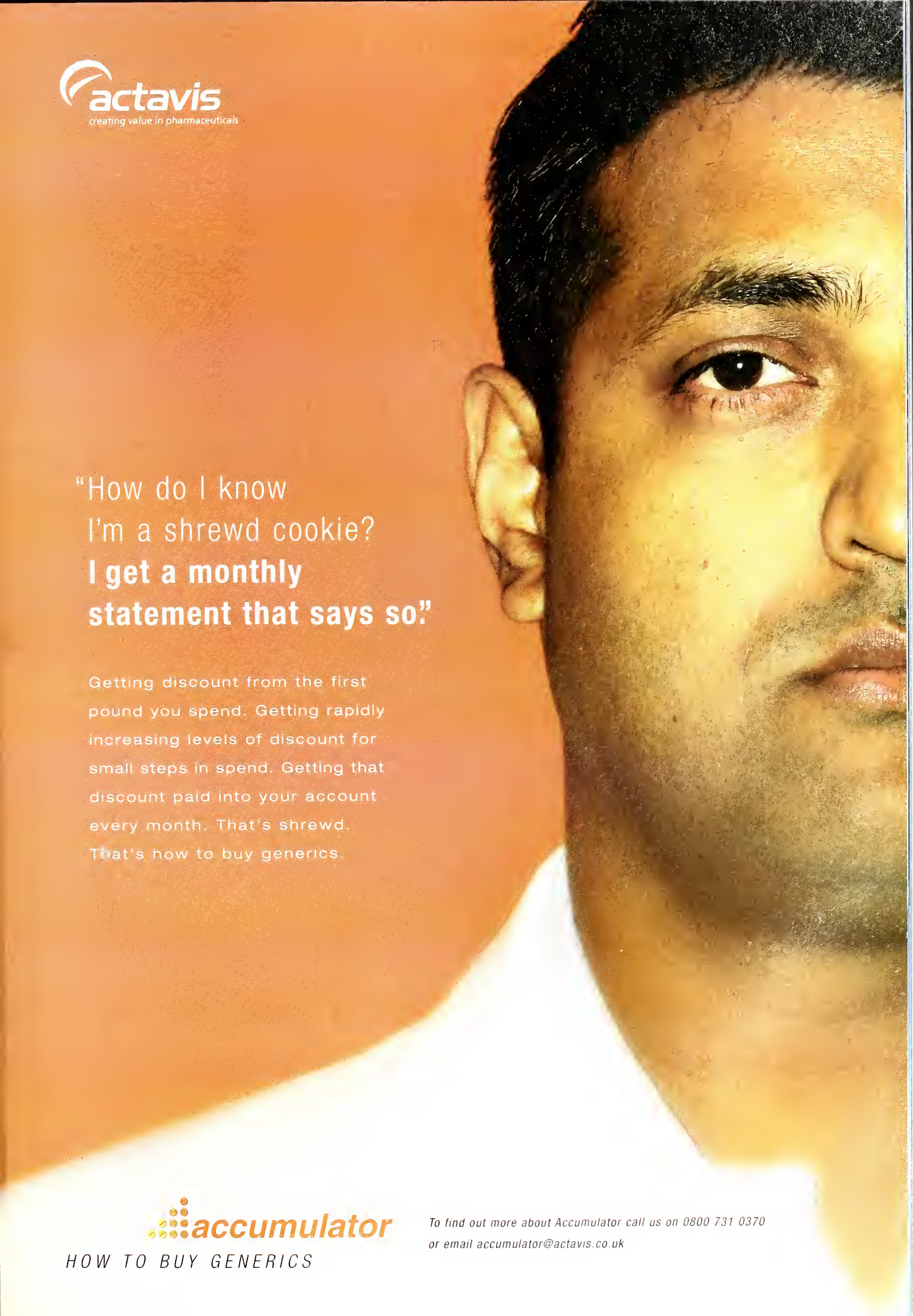

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Letters may be edited for content and length

Who does the PPD think it is kidding?

"Contractors cynical over pricing accuracy" read the headline (C+D, November 8, p6). Too right!

C+D has previously reported the 130+ items switched in error in a single month from one of my branches, which, had I not challenged it, would have cost me in excess of £1,000. So I am sure colleagues will be reassured to know that when I asked the very helpful young lady who dealt with the query how this was possible, given that all automated switches are double-checked by a human, she said: "Oh! There must be a bit of a training issue" (masterly understatement).

The following month (also reported by C+D) a random check revealed an underpayment of a further £1,500 caused by, in the words of the PPD, "numerous errors by technology and staff".

I have since asked the PPD to review a number of other months. There was the odd month with no corrections (hurrah!), but in most months numerous corrections were required and in one month 39 items marked ND (not dispensed) had been paid in error.

The PPD did not even have the courtesy to consult us on these changes – so much for the twin mantras of 'stakeholder involvement' and 'customer focus'. So I watched the PPD's explanatory online video (www.psnc.org.uk/news.php/219/ prescription_switching_compensation_january_may_2008see) expecting an acknowledgement of the problems it has caused us, hoping in vain for an apology. Instead we are told just how good the new system is. "Good for whom?" contractors may well ask.

The additional workload imposed by this failing new system, which cannot tell broken bulk from a broken leg, is utterly unacceptable. The filing and endorsement processes are now so complex that it can take longer to endorse a prescription than dispense one... and new and ever more arcane guidance appears on a monthly basis.

Not convinced? Then consider the nugget on supplementary product details included in dosage instructions from p19 of a recent edition of PSNC News (www.psnc.org.uk/publications_download.php/228/CPNews_August08_8.pdf).

Even if the money owed eventually finds its way back into the global sum, what recognition is there of individual contractors' time and our overdraft costs and the other financial penalties we have to suffer while this 'corporate cock-up' is sorted out?

While it is nice to know that the PPD is commissioning a tool to identify contractors who are affected by errors linked to implementation problems, this does rather smack of locking the (electronic) door after the (virtual) horse has bolted!

As a result of the Darzi review, the NHS, rightly, has a major strategic focus on quality. Community pharmacists are increasingly being seen as key to service delivery in primary care. We are being judged against the quality criteria and, if we are honest with ourselves, we are not consistently meeting the standards.

But quality is a two-way street and the frustration, financial consequences and sheer time-wasting of dealing with the PPD's new processes only create more barriers to progress.

Based upon my recent experiences with the PPD, my advice to contractors is "if in doubt, challenge ought".

Graham Phillips, Manor Pharmacy Group, Hertfordshire

PPD errors can cost us dearly

On our statement from the PPD for August we were informed that some 70 items had been switched, which is about 68 more than usual.

On checking our system we realised that the error was ours. We had not identified some patients on weekly repeat dosette scripts who were exempt on grounds other than age. Because they did not need to sign the scripts they were lumped together in the repeat dispensing piles.

We asked for these scripts and were informed that we had to contact the PCT, which could request this.

We also realised that this must have also happened in September and also requested these. In the meantime, the PPD telephoned to say that only 60 were involved in this way and then later wrote that they had found another script.

How inaccurate can they be? If they make an error they are retrained but if we make an error then we are penalised financially.

As I understand it, the Department of Health has now stated that if we make further errors then that is tough for us and we will not have the chance to correct.

I have passed this information to PSNC and the lead on EPS in London.

Meir Kattan
Kalmak Chemists
Stamford Street, London

Here's why you must check...

Since the CIP fiasco started I have monitored payments for items over £300, which are the only ones we can check.

I have found two underpayments of approximately £300 each! The PPD has confirmed that two prescriptions for Levetiracetam 1,000mg tablets were incorrectly processed as Levothyroxine 100mcg, and have agreed to repay over £550.

I would urge all contactors to check expensive items using their PMR data.

At one time PSNC used to monitor PPD pricing and publish the results and each contractor whose bundle was checked was also informed. Does PSNC still do this?

Unless proved otherwise, I have no confidence in the accuracy of pricing.

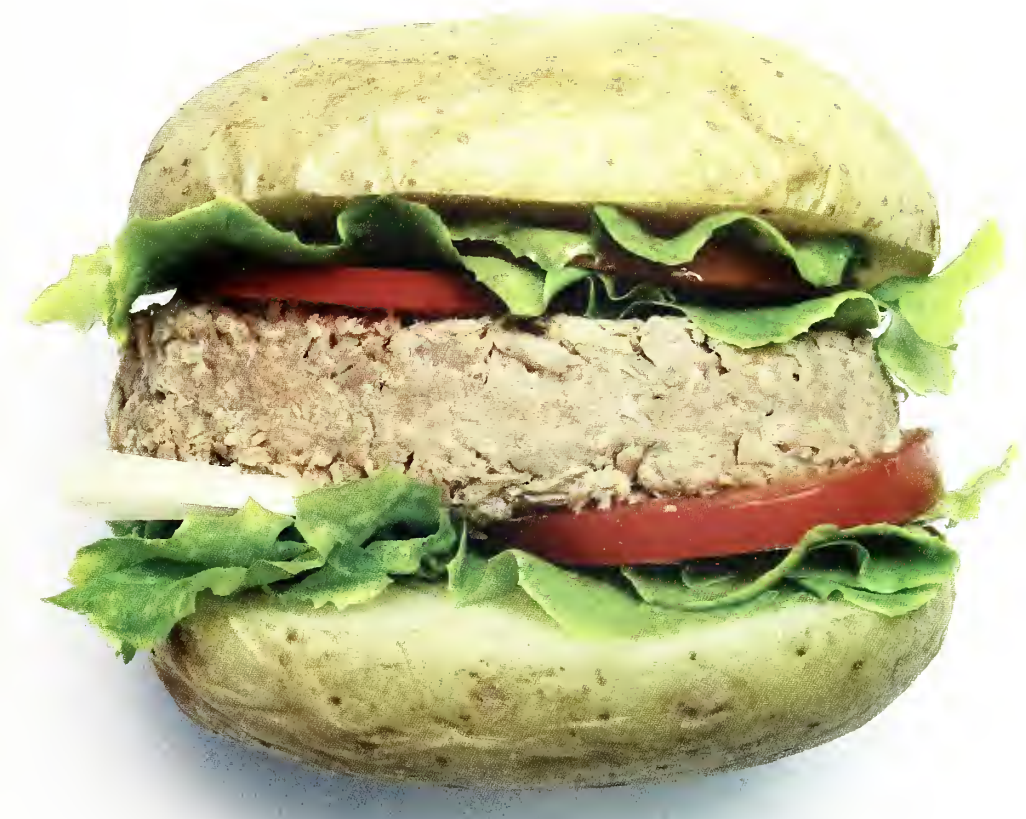
Uma Patel
director, Avicenna Plc

... and check again

I am an independent contractor with one shop and was recently hit by a large pricing error. I checked all my expensive items and noticed a regular item for £3,000 was missing.

The PPD retrieved the prescription and admitted they had manually priced for another drug instead of 30 vials of Somavert. The difference was £2,723.34, which has now been repaid. I do not always check expensive items and wonder how many others have been paid incorrectly.

Gill Field
Field Pharmacy
Minster, Kent



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References: 1. Data on file, Xeni 1008. **2.** Torgerson JS et al. Diabetes Care 2004; 27: 155-161. **3.** Hollander PA et al. Diabetes Care 1998; 21: 1288-1294. **4.** Hauptman J et al. Arch Fam Med 2000; 9: 160-167. **5.** Rossner S et al. Obes Res 2000; 8: 49-61. **6.** Xenical Summary of Product Characteristics, June 2008.

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Hospital pharmacists face crisis of conscience over pay rise

What's all this about pharmacists taking part in a strike ballot? Well, hospital pharmacists who are members of the Guild of Healthcare Pharmacists are being asked to vote on strike or other industrial action. It is all part of the Unite union's campaign against the three-year pay deal imposed on its NHS members in May.

Although the majority of unions in the NHS agreed to the deal, Unite refused to sign the agreement, arguing that it meant staff would take a pay cut as the offer did not keep up with inflation. At the time, other unions were dismissive of this, but recent events have seen inflation increase considerably and the truth of Unite's argument is obvious.

While the offer was still on the table, Unite organised a ballot of members to ask if they accepted it and whether they wanted a ballot on industrial action. Some 95 per cent rejected the offer and 75 per cent wanted to be balloted on industrial action. Which is why, five months later, ballot papers are dropping through letterboxes throughout the UK.

Looking from outside the NHS, people may wonder where the problem lies. Yes, the offer is less than inflation, but aren't pay rises in other sectors likely to be similar? Quite possibly. But the issue is the ramifications of the agreement.

Apart from doctors and dentists who have their own pay review body (PRB), all other NHS staff are covered by just one PRB. The Department of Health, ministers, staff side unions and NHS Employers submit written and verbal evidence to the PRB, which deliberates and recommends to the Treasury what pay increase should be given.

This year, though, the recommendation of a 2.75 per cent increase for 2008-09 was incorporated into a three-year offer by the government, without any further reference to the PRB. The overall package was worth 7.99 per cent over three years, but subsequent yearly increases reduced to 2.4 per cent and then 2.25 per cent. Within the offer, it was made plain the government might decide to stage the offer or impose it if the unions did not agree to it.

The retail price index (RPI), which everyone – apart from the government – uses to measure inflation, stood at 4.2 per cent at the time of the offer and even the consumer price index (CPI), which the government uses, stood at 3 per cent, with the Bank of England's governor predicting it to rise to 3.6 per cent. Whichever way you look at it, it is a pay cut and the increased cost of oil and energy will push inflation up further.

The chancellor's opinion is that public sector pay fuels inflation. This is contrary to virtually every economist's view that it is a minor component. Increased consumer spending is one way to combat recession, but NHS staff are unlikely to spend more if their pay is being cut.

Is there not a clause in the agreement that allows renegotiation? There is, but it is very poor. It requires the PRB to receive "new evidence of significant and material change in recruitment and retention and wider economic and labour markets" before it can request the government to let them review the pay awards. But if the government does not wish to recognise the new evidence, it does not need to.

So, as the only union that did not sign up to the agreement, Unite is the only one that can legally take any action. Which brings us back to the current ballot.

The questions that can be asked on this type of ballot paper are prescribed in law, so there will be: do you vote yes or no to "one day national strike(s)" and yes or no to "national day(s) of protest and campaigns".

But pharmacists have real problems with a national strike, not least because of our Code of Ethics principle to "make the care of patients your first concern". So it is difficult to support a yes vote, however much you agree with the reasons behind it. Luckily, Unite understands.

Will the fallback position of national days of protest be successful? Are co-ordinated strikes with other public sector workers the only way to force the government to negotiate? Only time will answer the questions. In the meantime, I have to decide how to vote.

Colin Rodden, national secretary (Scotland), Guild of Healthcare Pharmacists

A Practical Approach — Risperidone side effects

David Spencer, pharmacist at the Update Pharmacy, is playing golf with his friend Graham on his day off. They are chatting between shots.

"How's your son these days?" David asks.

Graham replies: "We really thought he was on the road to recovery at last until the last week or so, but things have got worse again."

"Why, what's happened?"

"Well, you know Neil's been suffering from schizophrenia for the last five years. It completely wrecked his life, and very nearly Selina's and mine too.

"Then a few months ago they put him on this new drug, risperidone. He's been taking just a 6mg tablet every night and he was almost his old self again. But now he seems to be developing the same side effects he was getting when he was on that haloperidol – agitated and restless, unable to stand still, jerky movements – that sort of thing. He says it's so bad he's going to stop taking the risperidone. That would be a complete disaster.

"And I know it's only a minor thing, but he's had a really nasty case of athlete's foot. We tried just about everything you could buy, but nothing worked. So he ended up going to the doctor a couple of weeks ago. He put him on a six-week course of an antifungal – I think he got that prescription from your pharmacy – and at least that's clearing up now."

David says: "He doesn't get his regular prescriptions from us though, does he? But I have an inkling of what could be causing the risperidone side effects. I'll check up on Neil's medication when I go in tomorrow to see what the antifungal was."

(Neil's prescription was for fluconazole 50mg daily for six weeks, prescribed two weeks ago.)

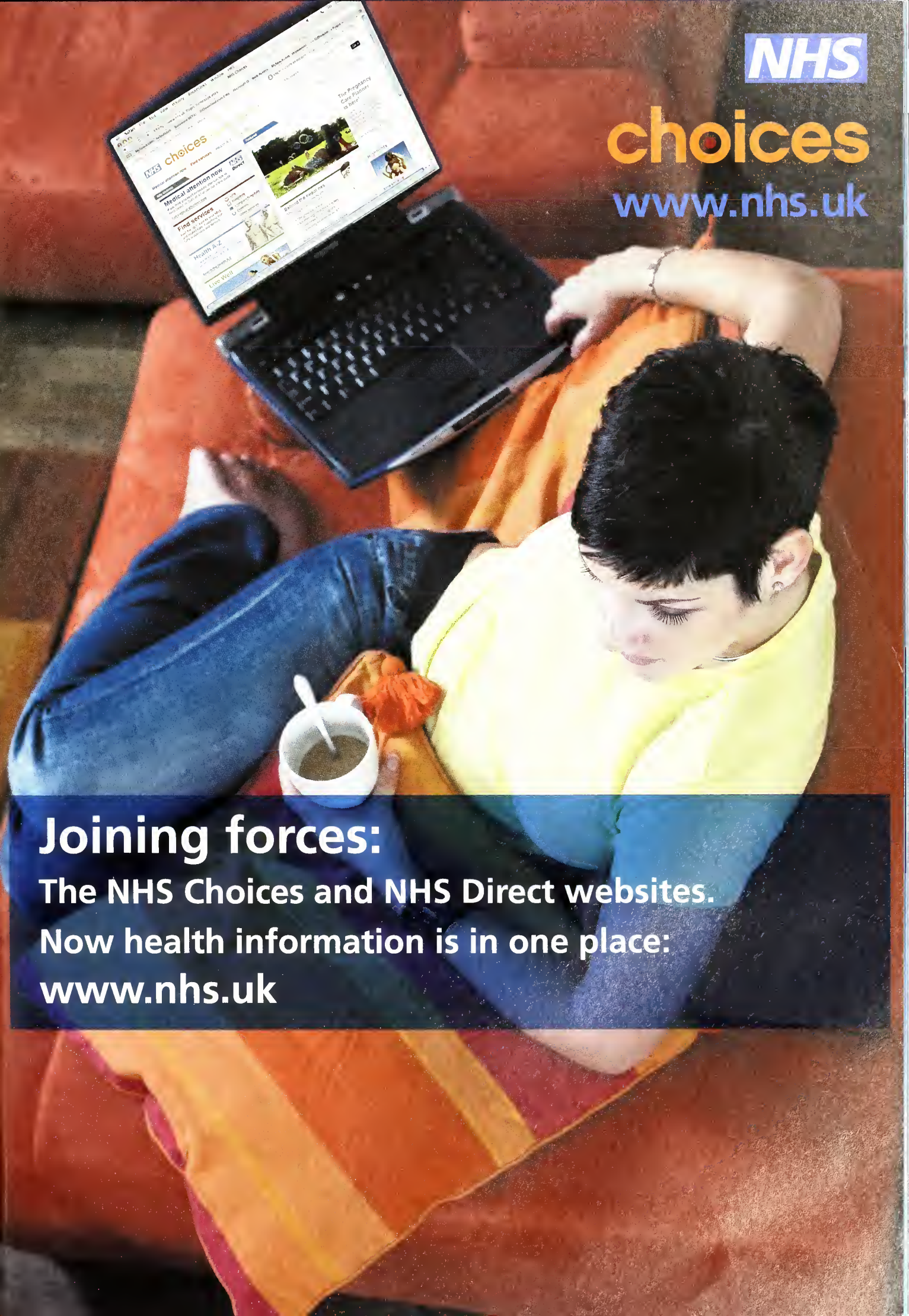
This article can help in the following CPD competencies: **G1a, G1b, G1c, G1d, G2o, C1a, C1c.** See http://tinyurl.com/68ox7b

Questions

1. What could be the cause of the apparent side effects of risperidone?
2. What could David suggest to Neil's GP to overcome the problem?
3. What advice could David give to Neil?

Answers

1. An interaction between risperidone and fluconazole. Several of the imidazole antifungals, including fluconazole, inhibit cytochrome P450 enzyme, thereby inhibiting metabolism of risperidone and raising plasma levels. 'Atypical' antipsychotic and generally causes fewer side effects than the older antipsychotics, such as haloperidol. Nevertheless, extra pyramidal sensory effects, including the akathisia Neil appears to be experiencing, can occur at doses close to the therapeutic norm. A recent study found no significant difference in extra pyramidal side effects caused by risperidone and the older anti-psychotic perphenazine (Miller DD et al, Br J Psychiatry, 2008; 193:279-88).
2. Reduce risperidone dosage during fluconazole therapy.
3. Reassure him that the unpleasant effects he is suffering are due to the interaction between the two drugs, and that they should disappear once the dose of risperidone has been adjusted. He should not stop taking the drug in the meantime, or he may suffer serious and unpleasant withdrawal symptoms and relapse.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- **ADVAGRAF®** and **Prograf®** both have narrow therapeutic indices[1] requiring accurate blood levels of the drug to be maintained. The two brands are **not freely interchangeable**
- Under-dosing may increase the likelihood of graft rejection, and elevated blood levels are undesirable owing to the nephrotoxic potential of tacrolimus

It is important not to change formulation except on the advice of a transplant specialist (British National Formulary)[2]

ONCE DAILY DOSING

ADVAGRAF®
tacrolimus prolonged release

Prescribe by brand, Protect your patient

Reference: 1. Sabatini S et al. AM J Kidney Dis 1999;**33**(2):389-397. 2. British National Formulary September 2008

Presentations: ADVAGRAF® Prolonged-release hard capsules containing tacrolimus 0.5 mg, 1 mg and 5 mg PROGRAF® hard capsules containing tacrolimus 0.5 mg, 1 mg and 5 mg. **Indications:** ADVAGRAF® and PROGRAF®: Prophylaxis of transplant rejection in adult liver or kidney allograft recipients and treatment of allograft rejection resistant to treatment with other immunosuppressive medicinal products. **Posology and Administration:** ADVAGRAF® and PROGRAF® therapy require careful monitoring by adequately qualified and equipped personnel. Either drug should only be prescribed, and changes in immunosuppressive therapy initiated, by physicians experienced in immunosuppressive therapy and the management of transplant patients. Dosage recommendations given below should be used as a guideline. ADVAGRAF® or PROGRAF® are routinely administered in conjunction with other immunosuppressive agents in the initial post-operative period. The dose may vary depending on the immunosuppressive regimen chosen. Dosing should be based on clinical assessments of rejection and tolerability aided by blood level monitoring. To suppress graft rejection immunosuppression must be maintained so no limit to the duration of oral therapy can be given. The daily dose of ADVAGRAF® capsules should be taken once daily in the morning with water at least 1 hour before or 2-3 hours after a meal. PROGRAF® Capsules should be taken as for ADVAGRAF® in two divided doses. ADVAGRAF®: In stable patients converted from Prograf (twice daily) to ADVAGRAF® (once daily) on a 1:1 (mg:mg) total daily dose basis the systemic exposure to tacrolimus for ADVAGRAF® was approximately 10% lower than for Prograf. The relationship between tacrolimus trough levels (C24) and systemic exposure (AUC$_{0-24}$) for ADVAGRAF® is similar to that of Prograf. When converting from Prograf capsules to ADVAGRAF®, trough levels should be measured before and within two weeks after conversion. In stable kidney and liver transplant patients AUC$_{0-24}$ of tacrolimus for ADVAGRAF® on Day 1 was 30% and 50% lower respectively, when compared with that for PROGRAF® at equivalent doses. By Day 4, systemic exposure as measured by trough levels was similar for both kidney and liver transplant patients with both formulations. Race: In comparison to Caucasians, African-Caribbean patients may require higher tacrolimus doses to achieve similar trough levels. Prophylaxis of transplant rejection - liver and kidney: Initial dose of ADVAGRAF® and PROGRAF®: Capsules: 0.10-0.20 mg/kg/day for liver transplantation starting approximately 12-18 hours for ADVAGRAF® and 6-12 hours for PROGRAF® after completion of liver or within 24 hours of completion of kidney transplant surgery. Dose adjustment post-transplant: ADVAGRAF® and PROGRAF®: dose adjustment in the post-transplant period. It is possible in some cases to withdraw concomitant immunosuppressive therapy leading to ADVAGRAF® monotherapy or PROGRAF® monotherapy. Post-transplant improvement in the variation of the patient's metabolic/biokinetics of tacrolimus and may necessitate dose adjustments. Patients converted from twice daily PROGRAF® requiring conversion to once daily ADVAGRAF® should receive a 1:1 (mg:mg) total daily dose. Following conversion, tacrolimus trough concentrations should be monitored and dose adjustments made. Care should be taken when converting patients from ciclosporin based to tacrolimus-based therapy. Initiate ADVAGRAF® after considering ciclosporin blood concentrations and clinical condition of patient. Avoid concomitant use of elevated ciclosporin blood levels. Monitor ciclosporin blood levels after conversion. Dose recommendation - Rejection therapy: For conversion of kidney, liver or cardiac transplant patients from other immunosuppressants to once daily ADVAGRAF®, begin ADVAGRAF® at the dose recommended for rejection prophylaxis. In adult heart transplant patients converted to ADVAGRAF®, an initial oral dose of 0.15 mg/kg/day should be administered once daily in the morning. For other allografts, please see full SmPC. Dose adjustments in specific populations: Please see SmPC. Target whole blood trough concentration recommendations: Blood trough levels for ADVAGRAF® should be drawn approximately 24 hours post-dosing, just prior to the next dose, for PROGRAF® approximately 12 hours post dosing. Frequent trough level monitoring in the first two weeks post-transplant is recommended, with periodic monitoring during maintenance therapy. Monitoring is also recommended following conversion from PROGRAF® to ADVAGRAF®, dose adjustment, changes in the immunosuppressive regimen, or co-administration of substances which may alter tacrolimus whole blood concentrations (see 'Warnings and Precautions' and 'Interactions'). Adjustments to the ADVAGRAF® and PROGRAF® dose regimen may take several days before steady state is achieved. Most patients can be managed successfully if tacrolimus blood concentrations are maintained below 20 ng/mL. In clinical practice, whole blood trough levels have been 5-20 ng/mL in liver transplant recipients and 10-20 ng/mL in kidney transplant recipients early post-transplant, and 5-15 ng/mL during maintenance therapy. **Contraindications:** Hypersensitivity to tacrolimus or other macrolides or any excipient. **Warnings and Precautions:** ADVAGRAF®: only limited experience in non-Caucasian patients and those at elevated immunological risk. ADVAGRAF® and PROGRAF®: During initial period routinely monitor blood pressure, ECG, neurological and visual status, fasting blood glucose, electrolytes (particularly potassium), liver and renal function tests, haematology parameters, coagulation values, and plasma protein determinations; consider adjusting the immunosuppressive regimen if clinically relevant changes are seen. Herbal preparations, including those containing St. John's wort, should be avoided. Extra monitoring of tacrolimus concentrations is recommended during episodes of diarrhoea. Avoid concomitant administration of ciclosporin. Ventricular hypertrophy or hypertrophy of the septum (reported as cardiomyopathy) have been seen rarely. Other risk factors included pre-existing heart disease, corticosteroid usage, hypertension, renal or hepatic dysfunction, infections, fluid overload, and oedema. Echocardiography or ECG monitoring pre-and post-transplant is advised in high-risk patients, and dose reduction of and or a change of immunosuppressive agent should be considered if abnormalities develop. Tacrolimus may prolong the QT interval. Exercise caution in patients with diagnosed or suspected Congenital Long QT Syndrome. EBV-associated lymphoproliferative disorders have been reported. Concomitant use of other immunosuppressives such as antilymphocytic antibodies increases the risk of EBV-associated lymphoproliferative disorders. EBV-VCA negative patients have been reported to have increased risk of lymphoproliferative disorders; EBV-VCA serology should be ascertained before starting tacrolimus treatment. During treatment, careful monitoring with EBV-PCR is recommended. Exposure to sunlight and UV light should be limited. The risk of secondary cancer is unknown. Capsules contain lactose. **Interactions:** See SMPC. **Pregnancy and lactation:** Tacrolimus can be considered in pregnant women when there is no safer alternative. See SMPC. **Undesirable effects:** Many of the following adverse drug reactions are reversible and/or respond to dose reduction. Very Common (>1/10): Hyperglycaemic conditions, diabetes mellitus, hyperkalaemia, insomnia, tremor, headache, hypertension, diarrhoea, nausea, renal impairment. Common (>1/100 to <1/10): anaemia, leukopenia, thrombocytopenia, leukocytosis, red blood cell analyses abnormal, hypomagnesaemia, hypophosphataemia, hypokalaemia, hypocalcaemia, hyponatraemia, fluid overload, hyperuricaemia, appetite decreased, anorexia, metabolic acidoses, hyperlipidaemia, hypercholesterolaemia, hypertriglyceridaemia, anxiety symptoms, confusion and disorientation, depression, mood disorders and disturbances, nightmare, hallucination, seizures, disturbances in consciousness, paraesthesias and dysaesthesias, peripheral neuropathies, dizziness, writing impaired, vision blurred, photophobia, eye disorders, tinnitus, ischaemic coronary artery disorders, tachycardia, haemorrhage, thromboembolic and ischaemic events, peripheral vascular disorders, vascular hypotensive disorders, dyspnoea, parenchymal lung disorders, pleural effusion, pharyngitis, cough, nasal congestion and inflammations, gastrointestinal inflammatory conditions, gastrointestinal ulceration and perforation, gastrointestinal haemorrhages, stomatitis, ascites, vomiting, gastrointestinal and abdominal pains, constipation, flatulence, bloating and distension, loose stools, hepatic enzymes and function abnormalities, cholestasis and jaundice, hepatocellular damage and hepatitis, cholangitis, pruritus, rash, alopecias, acne, sweating increased, arthralgia, muscle cramps, limb and back pain, renal failure, oliguria, renal tubular necrosis, nephropathy toxic, bladder and urethral symptoms, asthenic conditions, febrile disorders, oedema, blood alkaline phosphatase increased, weight increased, body temperature perception disturbed, primary graft dysfunction. Uncommon (>1/1000 to <1/100): coagulopathies, coagulation and bleeding analyses abnormal, pancytopenia, hypoproteinaemia, hyperphosphataemia, hypoglycaemia, coma, central nervous system haemorrhages and cerebrovascular accident, paralysis and paresis, encephalopathy, speech and language disorders, amnesia, cataract, arrhythmias, cardiac arrest, heart failures, cardiomyopathies, infarction, deep venous thrombosis, shock, respiratory failures, respiratory tract disorders, asthma, paralytic ileus, peritonitis, acute and chronic pancreatitis, anuria, haemolytic uraemic syndrome, uterine bleeding, psychotic disorder, multi-organ failure. Rare (>1/10,000 to <1/1000): thrombotic thrombocytopenic purpura, blindness, neurosensory deafness, pericardial effusion, acute respiratory distress syndrome, subileus, pancreatic pseudocyst, hepatitic artery thrombosis, venoocclusive liver disease, toxic epidermal necrolysis (Lyell's syndrome). Very rare (<1/10,000 including isolated reports): hepatic failure, bile duct stenosis, Stevens Johnson syndrome, nephropathy, cystitis haemorrhagic. Neoplasms. **PRESCRIBERS SHOULD CONSULT THE SUMMARY OF PRODUCT CHARACTERISTICS IN RELATION TO OTHER SIDE EFFECTS.** FOR FULL PRESCRIBING INFORMATION SEE SUMMARY OF PRODUCT CHARACTERISTICS. **Package Quantities, Basic NHS cost & Product licence number:** ADVAGRAF®/PROGRAF® 0.5 mg capsules x 50 = £42.22 (EU/1/07/387/002)/£65.4 (PL 13424/0004), respectively. 1 mg capsules x 50 = £84.43 (EU/1/07/387/004)/£85.2 (PL 13424/000), respectively. 1 mg capsules x 100 £168.87 (EU/1/07/387/006)/£170.4 (PL 13424/0001) respectively. 5 mg capsules x 50 £422.17 (EU/1/07/387/008)/£314.8 (PL 13424/0002), respectively. **Legal Classification:** POM. **Date of Preparation of Al** 19 September 2008. Further information available from Astellas Pharma Ltd, Low House, Lovett Road, Staines TW18 3AZ. PROGRAF® is a registered trade mark. **For medic information phone 0800 783 5018**

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Astellas Pharma Ltd - 0800 783 5018

astellas

C+D Clinical

How to treat childhood infections

How to distinguish between and treat six common childhood infections: measles, chickenpox, rubella, mumps, whooping cough and meningitis

Key points

- Measles, rubella, whooping cough, mumps, meningococcal meningitis and septicaemia are all notifiable diseases. Chickenpox is not notifiable in England and Wales but is in Scotland and Northern Ireland.
- Depending on the condition, the child can be infectious from two to three weeks before, until three weeks after symptoms disappear.
- Incubation times range from five days to four weeks.
- Treatment is mostly symptomatic – reducing the fever with paracetamol or ibuprofen, plus calamine lotion for itchy spots.

Asha Fowells MRPharmS

Mollie Sanders, a regular customer, asks if she can speak to the pharmacist. As you walk from the dispensary to the counter, she seems very agitated.

"Amelia seems really unwell," she says, "and I'm worried it might be something nasty. But I thought I'd come in here before phoning the on-call service."

Mollie's two-year-old daughter has been feverish and generally unwell for a few days. Mollie is worried the child might be developing measles, because a notice at Amelia's nursery says one of the other children may have it. Amelia has had her MMR jab, but Mollie thinks Amelia may not be fully immune as she is too young to have had both doses.

There are six childhood infections that can cause a fever; they can be divided into conditions considered 'spotty' and those dubbed 'feverish'.

The College of Pharmacy Practice

This course (module 1456), in association with multiple choice questions being published in C+D November 29, provides one hour's continuing education

Reflect

Where do Koplik spots occur and what disease do they indicate? What is the incubation period for rubella? For how long is a child with whooping cough infectious? What are the complications associated with mumps?

Plan

By reading this article you will know about the symptoms, complications, treatment and prevention of common childhood infectious diseases.

CPD This article can help in the following CPD competencies: **G1a, G1c, G2o, C1a, C1f, C3c.** See http://tinyurl.com/68ox7b

The 'spotty' conditions

There are three common childhood infections that manifest as a rash and fever: measles, rubella and chickenpox.

Measles

Measles usually starts with symptoms not dissimilar to those of a cold, namely a runny nose, dry cough, red sore eyes, fever and headache. However, the condition can be distinguished from a cold by looking inside the mouth: Koplik spots (small red spots with blue-white centres on the mucous membranes) usually appear one or two days before a rash starts on the body.

The measles rash is usually reddish-brown and maculopapular in appearance. Typically it starts behind the ears before spreading to the face and body, and usually lasts about seven days.

The most common complications are otitis media, pneumonia, diarrhoea and fits, but encephalitis – which may be fatal – can occur.

Measles is a viral disease with an incubation period (the time between exposure and symptoms) of seven to 14 days. Children are infectious from four days before the rash appears until five days after, so should be kept off school for a week.

There is no specific treatment, other than relieving symptoms using an analgesic such as paracetamol or ibuprofen. Human normal immunoglobulin can be used to prevent an attack or reduce its severity, but it must be given within 72 hours of exposure to the disease. The best defence is prevention, and measles is one of the three components of the MMR vaccine that has been used since 1988 as part of the UK childhood immunisation schedule.

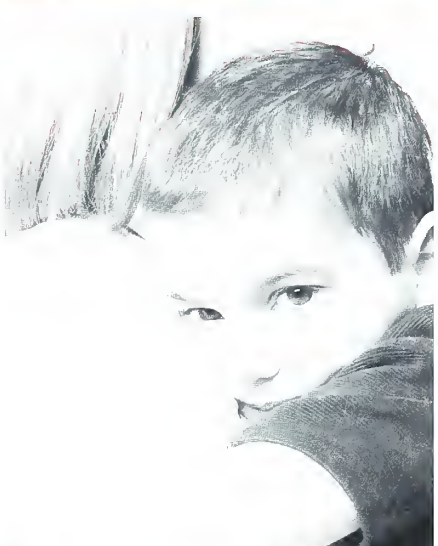
Measles is a notifiable disease, and Health Protection Agency (HPA) figures show that 884 cases were reported in England and Wales between January and August 2008.

Rubella

Rubella, also known as German measles, generally starts with a low-grade fever, a runny nose and eyes, and slightly swollen lymph nodes in the back of the neck. A rash of tiny pink or red spots soon follows, starting behind the ears and spreading to the face and the rest of the body, and lasting about three days.

Complications are rare, but can include encephalitis and thrombocytopenia. The main risk of rubella is transmission to a non-immune pregnant woman, which can result in miscarriage or congenital defects ranging from deafness and eye problems to problems with the heart, lungs, liver or brain. The risk is greatest in the first trimester of pregnancy.

Rubella is caused by a togavirus and has an incubation period of two to three weeks. Children are infectious from a few days before the rash appears until four to five days after, so – as with measles – should be kept off school for a week.



There is no specific treatment, other than alleviation of symptoms. Vaccination against the disease for pre-pubertal girls and non-immune women of childbearing age has been common since 1970. In the late 1980s, this policy was replaced by the MMR vaccine as part of the routine childhood immunisation schedule.

Like measles, rubella is a notifiable disease. HPA figures show that there were 34 laboratory-confirmed cases in England and Wales in 2007, the same as in 2006.

Chickenpox

Chickenpox usually starts with a fever, headache and sore throat. After three days, small red lumps occur that rapidly develop into vesicles and crust over after three to five days. The rash usually starts on the head and neck before spreading to the trunk then the rest of the body. The spots are itchy, and if scratched can lead to a secondary bacterial infection.

The main complication is shingles, caused by reactivation of the varicella virus later in life. The disease is dangerous to pregnant women, who run the risk of miscarriage or foetal defects, such as limb hypoplasia, growth retardation and microencephaly. The risk of problems is highest between the 13th and 20th weeks of pregnancy.

Chickenpox is caused by the varicella zoster virus and is one of the most common childhood infections, probably because it is not part of the childhood immunisation schedule. The incubation period is between two and three weeks, and a child is infectious from two days before the rash appears until all the spots have dried.

Treatment is based on reducing symptoms such as itchiness and fever, though people at high risk of complications (for example, immunocompromised patients) may be given antivirals, such as aciclovir, or immunoglobulin to prevent serious disease. A varicella vaccine is available but it is not included in the childhood immunisation schedule.

Chickenpox is not a notifiable disease in England and Wales, though it is in Scotland and Northern Ireland. In 2001, over 20,000 cases were reported in Scotland.

The 'feverish' conditions

There are three relatively common childhood infections that can present as fever without a rash: mumps, pertussis and meningitis.

Mumps

Mumps usually starts with a fever and headache, followed by swelling of one or both of the parotid salivary glands, which can cause pain on swallowing and when the mouth is opened, and a dry mouth.

Neurological complications are relatively common following mumps infections, with meningism (headache, a stiff neck and photophobia) occurring in up to 15 per cent of cases, and meningitis and encephalitis also a risk. Other complications include orchitis (inflammation of one or both of the testes), oophoritis (inflammation of one or both of the ovaries), and pancreatitis.

Mumps is caused by a paramyxo virus and has an incubation of 17 to 28 days. It is the least infectious of all the childhood infections, requiring close personal contact for transmission, but a child is infectious from one week before until two weeks after the swelling appears.

As with previous infections, treatment of mumps is confined to alleviating symptoms. The disease is prevented by administration of the MMR vaccine to all children.

All laboratory-confirmed cases of mumps should be reported to the HPA. In 2007, there were 1,476 cases in England and Wales – considerably down from the HPA figure of 4,381 for 2006.

Whooping cough

Whooping cough, also known as pertussis, usually starts with a dry, irritating cough, a fever and a runny nose. The coughing worsens in severity and is accompanied by a characteristic whooping noise, caused by the child taking a long, deep intake of breath, and sometimes vomiting. The disease can continue for several months.

The main dangers are apnoea – which can cause cerebral hypoxia and brain damage – and weight loss as a result of vomiting. Severe complications and deaths are most common in children under six months old.

Pertussis is caused by Bordetella pertussis, and has an incubation of five to 14 days. A child is infectious from four days before symptoms occur until 21 days after the cough has started, though this can be reduced with macrolide antibiotics.

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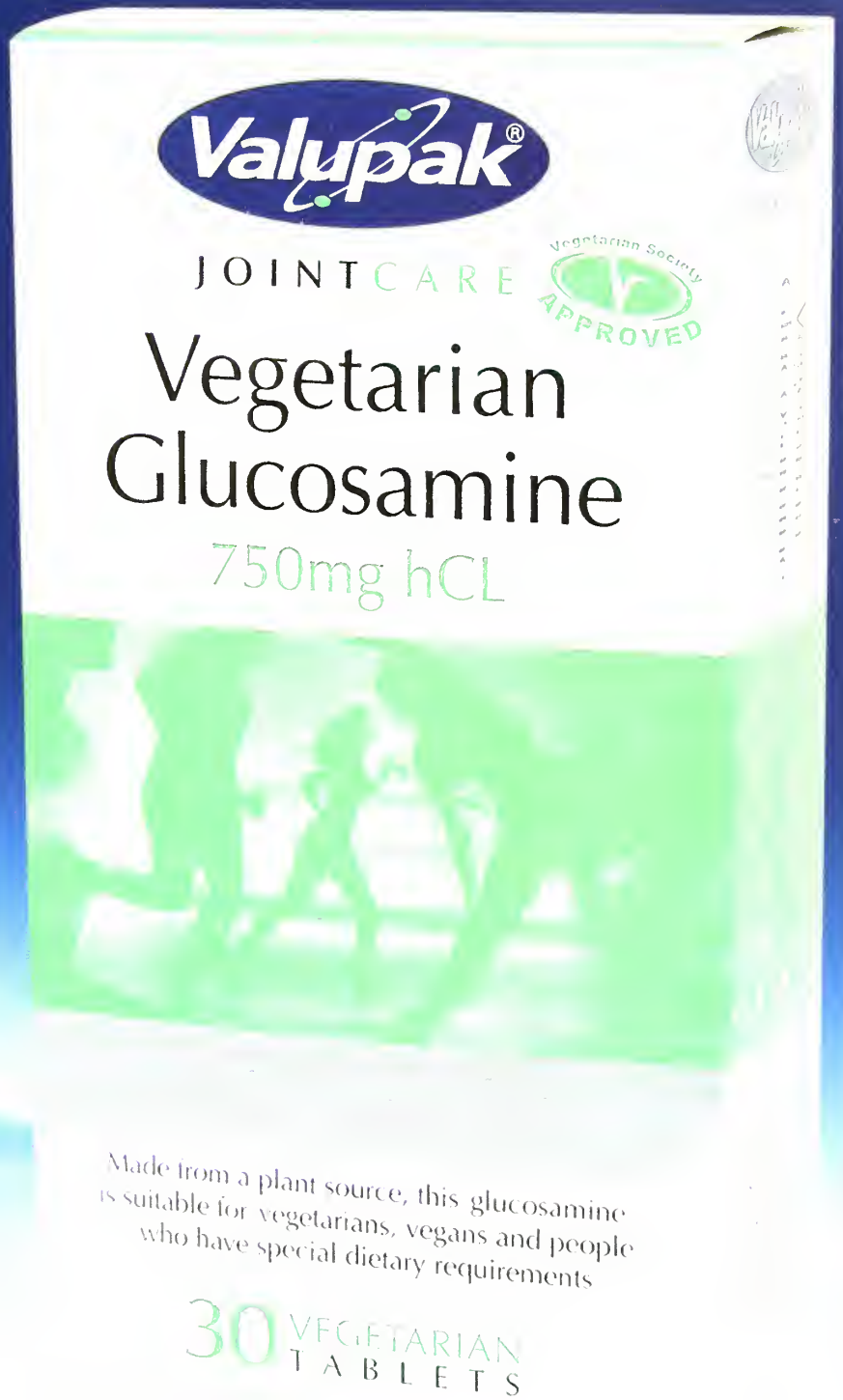

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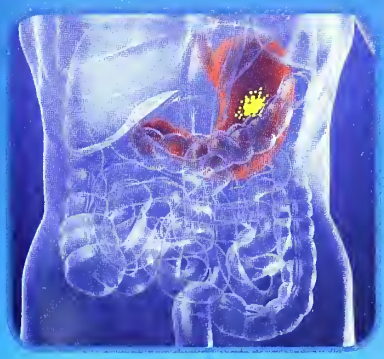

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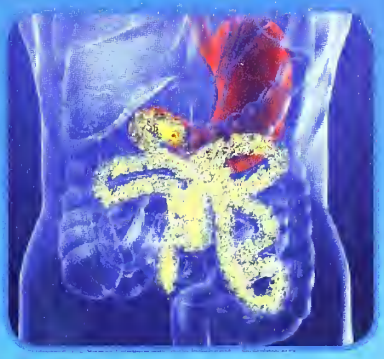

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Product Information. Panadol Advance 500 mg Tablets. Contains disintegrant system to accelerate dissolution. **Uses:** Mild analgesic and antipyretic. **Dosage and administration:** Adults and children, 12 years and over: Two tablets at ≥ 4 hour intervals. Max. 8 tablets in 24 hours. Children 6-12 years: Half to one tablet at ≥ 4 hour intervals. Max. 4 tablets in 24 hours. Do not use for >3 days without doctors advice. Children under 6 years: Not recommended. **Contraindications:** Hypersensitivity. **Precautions:** Severe renal/hepatic impairment, non-cirrhotic alcoholic liver disease. Concomitant use of warfarin/other coumarin anticoagulants, domperidone, metoclopramide, colestyramine. Refer to doctor if persistent headache or non-serious arthritis requiring daily analgesia. **Pregnancy/breastfeeding:** Pregnancy: Refer to doctor. Breastfeeding: Not contraindicated. **Side effects:** Hypersensitivity including skin rash, blood dyscrasias. **Overdosage:** Immediate medical advice due to risk of delayed, serious liver damage. Legal category: 16's GSL, 32's P. **Product licence number:** PL 00071/0441. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** Compack 16's £1.45, 32's £2.79. **Date of last revision:** September 2008.
Panadol is a trade mark of the GlaxoSmithKline group of companies.
Reference:
1. Wilson C et al. Abstract PH 217, International Association for the study of Pain 12th World Congress on Pain, Aug 2008.

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The childhood immunisation schedule calls for pertussis to be vaccinated against as part of a multi-component injection that also protects against diphtheria, tetanus, polio and sometimes Haemophilus influenzae b (Hib).

All cases of whooping cough must be reported to the HPA. The year 2007 saw 1,090 cases reported in England and Wales, almost double the number seen in 2006, though the HPA says that this is due to increased surveillance rather than an actual increase in the disease's incidence.

Meningitis

Meningitis symptoms vary in their onset and severity, but early signs usually include fever, vomiting and general malaise. These are usually followed by one or more of the following: a stiff neck, aversion to light, headache, drowsiness, confusion and joint pains. In babies, the body may be floppy or stiff and the fontanelle on the top of the head may appear tight or bulging.

The rash so commonly associated with meningitis is caused by meningococcal septicaemia. Often the rash is non-specific early on, but becomes red or purple in colour and does not blanch when pressed gently (the 'glass' test).

As well as septicaemia, complications of meningitis include pneumonia, myocarditis, endocarditis and arthritis.

Meningitis is caused by the bacterium Neisseria meningitides, of which there are at least 13 serogroups. In the UK, the most common types are B and C. Viral meningitis is much more common, but tends to be much less serious than bacterial.

The incubation period is between two and seven days.

Meningococcal bacteria exist in the upper respiratory tract and are usually harmless (up to a quarter of adolescents carry the disease with no symptoms). It is not clear why the disease develops in some people, but prolonged or frequent close contact is required for transmission.

Bacterial meningitis and meningococcal septicaemia are medical emergencies and require immediate hospitalisation for treatment with intravenous antibiotics and analgesia.

The UK introduced meningitis C vaccination in 1999 for everyone up to the age of 18 and first year university students. Since then the programme has been extended to everyone under 25.

Meningococcal meningitis and septicaemia are notifiable diseases, and 1,245 cases were reported in England and Wales in 2004, a drop of over 100 from the previous year.

Information

Immunisation against infectious disease (the Green Book), published by The Stationery Office (also available at www.dh.gov.uk/greenbook)
The Health Protection Agency: www.hpa.org.uk

Management

Back to Mollie... On closer questioning, it transpires that Mollie's daughter has – as well as a mild fever – a rash that started on her chest and has now spread to her arms and legs. Amelia is complaining that she is "scratchy", and she even seems to have spots in her hair.

Apart from the rash and general grumpiness, Amelia is fine, says Mollie, who is reassured when you say she is unlikely to have contracted measles if she has had even one dose of the MMR vaccine.

You suspect chickenpox, and recommend that Mollie gives Amelia either paracetamol or ibuprofen at the appropriate dose to bring down her temperature. You suggest calamine lotion to reduce the itching, adding that it is important to make sure that Amelia drinks enough fluid.

You ask after Daisy, Amelia's one-year-old sister, and Mollie says she seems fine. Nonetheless, you tell Mollie that Amelia is infectious until all her spots have dried up, and advise her to keep a close eye on Daisy.

Asha Fowells MRPharmS is C+D's training development manager.

Epilepsy: next week's Update looks at its causes, diagnosis and incidence.

Want to learn more about a particular clinical topic? Find relevant Update articles by going to: www.chemistanddruggist.co.uk/update

Your Continuing Professional Development

Act

- Read more about the symptoms, treatment and complications of these diseases on the NHS Direct Health Encyclopaedia web site; http://tinyurl.com/5noha6. Think about the advice you could give to parents about treatment and the signs of complications.
- Could you recognise the different rashes mentioned? Find some pictures and print them out as references for you and your staff.
- Find more about pregnancy and rubella on the NHS Direct site http://tinyurl.com/5tcna6, and pregnancy and chickenpox on the Patient UK web site www.patient.co.uk/showdoc/23068942.
- Read the booklet on meningitis by the Brain and Spine Foundation at http://tinyurl.com/5wqadv. Make sure you can recognise the signs of meningitis and be able to advise concerned parents.
- Ensure you are familiar with the immunisation schedules for babies and children. Read the same author's Update article on Childhood Immunisation, C+D, April 28, 2007, or on the website at http://tinyurl.com/5wffph.
- Information from the NHS can be found at www.immunisation.nhs.uk/Immunisation_Schedule. The section 'About Immunisation' may also help you advise parents about the risks and benefits of immunisations. Think how you would answer questions on the MMR vaccine, for example.

Reflect

- Can you now recognise the symptoms of the six common childhood diseases mentioned? Are you familiar with their treatment and could you advise worried parents about them? Are you confident in your knowledge of immunisation against these diseases?

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the November 29 issue, which will cover this month's three CPP-accredited modules. A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on **01732 377269**.

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NiQuitin 21, 14, 7mg Transdermal Patches, NiQuitin Clear 21, 14, 7mg (nicotine). Opaque or transparent transdermal patches 21mg, 14mg, 7mg nicotine (Steps 1, 2, 3) for relief of nicotine withdrawal symptoms during smoking cessation. **Dosage: Adults (18 and over):** *≥10 cigarettes/day;* Step 1 for 6 weeks, then Step 2 for 2 weeks, then Step 3 for 2 weeks. *<10 cigarettes/day;* Step 2 for 6 weeks then Step 3 for 2 weeks. Apply to fresh site (clean, dry skin) once daily. Professional advice if use beyond 9 months. **Adolescents (12-17 years):** As for adults but to seek professional advice if more than 12 weeks treatment required. **Contraindications/Precautions:** Hypersensitivity, cardiovascular disease, severe renal/hepatic impairment, hyperthyroidism, diabetes, phaeochromocytoma, dermatitis. **Side effects:** Local rash, itching, burning, tingling, numbness, swelling, pain, urticaria, heaviness. Depression, irritability, anxiety, nervousness, restlessness, mood lability, drowsiness, impaired concentration, insomnia, sleep disturbance. Allergic reactions, abnormal dreams, nausea, vomiting, dry mouth, GI disturbance, headache, dizziness, palpitations, tachycardia, tremor, dyspnoea, pharyngitis, cough, arthralgia, myalgia, sweating, chest pain, fatigue, malaise, flu-like symptoms. See SPC for full details. **Pregnancy/lactation:** For those unable to quit unaided the risk of continued smoking is greater than the risk of using NRT. Start treatment as early as possible in pregnancy for 2-3 months. Lozenge/gum preferable to patches unless nauseous. Remove patches at bedtime. GSL **PL** 00079/0366, 0367, 0368, 0356, 0355 & 0354. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** All strengths 7 patches £15.63; Step 1 only 14 patches £29.44. **Date of revision:** July 2007.

NiQuitin and **Click2Quit** are registered trade marks of the GlaxoSmithKline group of companies.

Ask your Pharmacist first

nicotine

Quit with NiQuitin®

Products in brief

One for the lads

Resolve Extra, SSL's pain and upset stomach treatment, is receiving a promotional boost in lads' mag Loaded. The brand is sponsoring 'The little book of hangovers' in the December issue.
SSL International
Tel: 0870 122 2689

Sam's on side for Mobilis

Vulkan sports supports and Sorbothane performance insoles have a new sporting ambassador – rugby league player Sam Burgess. The Bradford Bulls player has signed a two-year sponsorship deal with Mobilis Healthcare. Sam's image will be used on point of sale and marketing material.
Mobilis Healthcare
Tel: 0161 678 0233

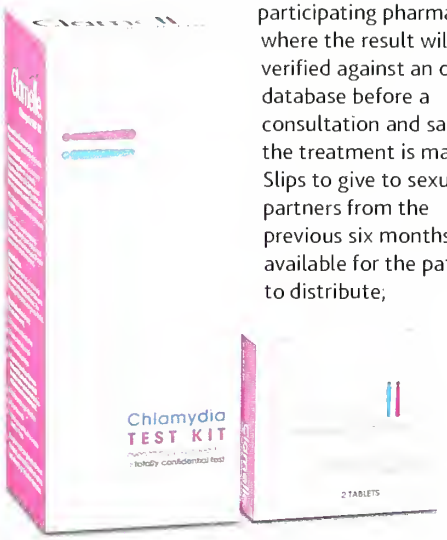
Frame keeper

Photographic accessory supplier Kenro has launched a range of photo frames for the gift market. Alongside, a new catalogue has been released.
Kenro, tel: 01793 615836

Clamelle's in pharmacies

Clamelle has been launched for the treatment of chlamydia in patients aged 16 years or over showing no symptoms, following the POM to P switch of azithromycin for the indication. Customers can only buy the treatment if they have first had a positive result after using the Clamelle chlamydia test kit.

The test kit includes instructions, a test request form with unique reference number, sample bottle and pre-paid envelope. The patient should send their urine sample to Gordon Laboratory for analysis and results are made available within a week. There is a choice of either returning to the pharmacy for the result or being informed by post. When chlamydia is detected, the patient can go to any participating pharmacy where the result will be verified against an online database before a consultation and sale of the treatment is made. Slips to give to sexual partners from the previous six months are available for the patient to distribute;



any partner presenting in pharmacy with a slip is entitled to buy the treatment without taking a test. Research suggests each positive patient will need two to five partner notification slips.

The treatment comprises two 500mg azithromycin tablets to be taken in one dose. It has a good safety profile and is generally well tolerated.

Consumer press and online activity communicating the launch is scheduled to begin in February backed up by PR activity. Manufacturer Actavis says this will give the pharmacy trade time to get the service up and running ahead of publicity. Around 60 per cent of pharmacies are already signed up to offer the service; Actavis's target is 90 per cent.

Research among 1,000 25 to 39-year-olds indicates high awareness of chlamydia and a willingness to pay the price of the test kit and treatment for the convenience.

Prices and pip codes:
test £25, 340-4886;
treatment £20, 340-4068
Actavis UK
Tel: 01271 311200
www.clamelle.com

Durex introduces one for the ladies

Durex Play O has been launched in Boots and Superdrug. Described by manufacturer SSL as an "orgasmic gel for women", the product contains L-arginine, Multisensate and Coolact P, which together deliver cooling, tingling and warming sensations, and make orgasm easier to achieve and more intense when applied to the clitoris.

The product is condom-safe and can be used in conjunction with a lubricant, says SSL.

Price: £14.99/15ml
Pip code: 341-3358
SSL International
Tel: 0870 122 2689

Television advertising is running during the second half of November on terrestrial and satellite channels, backed up by consumer press advertising. Online, activity will centre on social networking sites aiming for word of mouth to boost the product's profile.

Meanwhile, Durex Vibrations will be promoted on television in December and the Play range of lubricants is set to be extended with the launch of a Pina Coloda flavoured variant.

Promotional activity for Durex further includes a link-up with Levi's jeans for World Aids Day on December 1.

IMPORTANT CLINICAL INFORMATION

Dear Pharmacist,

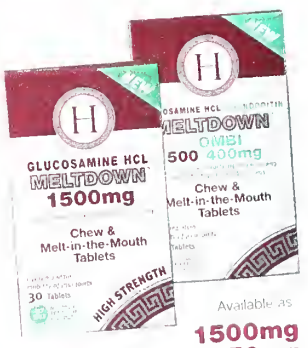
To assist your professional response please see below details of our National Media Advertising Campaign, alerting HYPERTENSIVE Patients to potential Potassium Supplement interactions with their medication.

CUT OUT AND TAKE TO YOUR LOCAL PHARMACY FOR ADVICE

Taking Glucosamine with blood-pressure tablets?

A **newer, purer, chewable** form of Glucosamine ***just for you***

Potassium Chloride Salt-Free



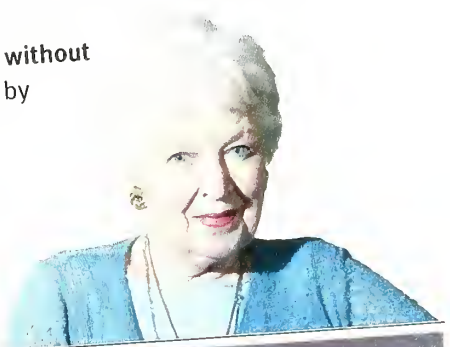
Available as
1500mg
750mg
500mg
Combi 500/400mg
GLUCOSAMINE HYDROCHLORIDE + CHONDROITIN SULPHATE

Some Healthcare Professionals are suggesting a switch to a newer, purer, form of Glucosamine.

- ***NEW*** Glucosamine **Meltdown**® contains Glucosamine **HYDROCHLORIDE**.
  Your current product is Glucosamine **SULPHATE 2KCL** (which contains added **Potassium Salt** – known as **KCL**).
  (Please Check Your Label)
- **Potassium Salt (KCL)** can potentially react with some blood-pressure pills, known to Doctors as:
  - ACE Inhibitors (label name ends in "...PRIL")
  - Angiotensin II Antagonists (label name ends in "...SARTAN")
  - Potassium Sparing Diuretics

  (Please Check Your Label)
- ***NEW*** Glucosamine **Meltdown**® contains no **Potassium Salt** so may be taken with these blodd-pressure pills.
- ***NEW*** Glucosamine **Meltdown**® comes as a once-a-day, orange-flavoured, chewable tablet which is easy to swallow.
- ***NEW*** Glucosamine **Meltdown**® is available **without Prescription** from your LOCAL PHARMACY by request.

JUNE WHITFIELD
"A GOOD CHOICE"



For further information
www.meltdownglucosamine.com
DALLAS BURSTON HEALTHCARE

Please remove this page and take to your LOCAL PHARMACY for professional advice

Medical Department
DALLAS BURSTON HEALTHCARE

SUPPORTING LOCAL PHARMACY

Winter honey be good

Winter Honey Bee is a new product from Potter's, developed for winter health, particularly coughs and respiratory illness. Said to be the result of 30 years of research on the medicinal properties of honey, the product contains winter honey produced by bees fed on a mix of herbs, stalks and shoots selected for their therapeutic properties, says the company. The plants include elderflower for its anticatarrhal and antioxidant properties, greater plantain for its anti-inflammatory and analgesic properties and rosemary for antimicrobial, spasmolytic and antioxidant properties. The bees do not forage in the usual way so their diet is restricted to the chosen species.

The product, provided in a 50g jar, is suitable from the age of two years. Suggested dosage is one teaspoonful twice a day on an empty stomach.

Consumer PR activity is supporting the launch.

Price: £8.99/50g
Pharmexx
Tel: 01491 827334

Products in brief

Koolpak winners

Congratulations to Wai-Kim Rebecca Cheng, Vanessa Teoh and Marc Waters, winners in the recent Koolpak reader giveaway. Your prizes are on their way.

MTS launches OnDemand

A new medicines management system is available from MTS Medication Technologies. The OnDemand Multi-Med can produce in excess of 1,200 filled, sealed and labelled multi-dose compliance cards a week, with an electronic audit trail that allows batch number and expiry date tracking. Prices start at £125,000 and includes installation, 100 calibrated cassettes and interface.
MTS Medication Technologies
Tel: 0113 386 7515

A touch of branding

The OneTouch brand name is now being printed on every OneTouch Ultra test strip. Packaging and labelling has also been updated. The strips, marked using silver coloured ink, are identical in every other way to the non-branded strips, reports manufacturer Lifescan. Both types will co-exist in the distribution channel for some time to come, adds Lifescan.
Lifescan, tel: 0800 001210

Designed for feet

Scholl Footwear is celebrating 50 years of its Pescura style with the launch of limited edition designs. The exercise sandals, with their wooden footbed, are part of the brand's spring/summer 2009 collection, available to order from UniChem. New PoS materials will be available to support.
UniChem, tel: 020 8391 2323

Pharmaton 100s are available

Pharmaton manufacturer Boehringer Ingelheim wishes to make clear that packs of 100 capsules are still available. Confusion had arisen over the availability of Pharmaton following the deletion of a duplicate code from the C+D Price List.

As well as the 100 pack size, Pharmaton capsules are offered in packs of 30 and 60.

Pip code: 314-8673
Prima Brands (Northern Ireland)
Tel: 02890 814700
Ascent Healthcare (rest of UK)
Tel: 01491 835423

Hair time on TV

Just For Men returns to television screens this week in a nationwide campaign running for three weeks. Further air time for the men's hair colorant is scheduled for December running into January 2009. The activity is part of a £4 million investment in the brand this year, reports manufacturer Combe International.

The Just For Men range includes a five-minute shampoo-in hair colour available in nine shades that is said to target grey hair without stripping the hair's natural colour. A single application lasts for up to six weeks. It is vitamin enriched to condition the hair. Brush-in colour gels for facial hair are also available.

Product info:
Combe International
Tel: 0208 680 2711

For on TV this week see: www.chemistanddruggist.co.uk/prodnews

Product Information
Name: Clamelle Chlamydia Test Kit: a NAAT-accredited test provided by Gordon Laboratary Group

Product Information
Name: Clamelle Azithramycin 500 mg Tablets **Active ingredient:** Azithramycin 500 mg. **Indication:** Treatment of confirmed asymptomatic *Chlamydia trachamatis* genital infection in individuals aged 16 years and over and the epidemialogical treatment of their sexual partners. **Dosage:** A single 1 g dose. Children: Do not give to children under 16. **Contraindications:** Hypersensitivity to azithramycin, macralide antibiatics or excipients. Symptomatic infection. Symptoms suggestive of other STIs. Children under 16. Renal or hepatic impairment. Cardiac disease. Patients taking ciclasporin, digoxin, ergotamine, terfenadine, theophylline, disopyramide, rifabutin, coumarin anticoagulants. Pregnancy and breast feeding. **Precautions:** To reduce risk of vomiting take dose before bed and at least 2 hrs after food or drink. If taking oral contraceptive and vomiting or diarrhoea occur, refer to contraceptive instructions for measures to reduce risk of contraceptive failure. **Interactions:** Antacids. Take azithromycin at least 1 hr before or 2 hrs after the antacids. See contraindications. **Side effects:** Infections: candidiasis. Blood: neutropenia, thrombocytopenia. Psychiatric: aggressiveness, restlessness, anxiety, nervousness. Nervous: dizziness, vertigo, convulsions, headache, somnolence, taste perversions, syncope, parasthesia, hyperactivity, asthenia, insomnia. Ear: hearing impairment including hearing loss, deafness and tinnitus. Cardiac: palpitations and arrythmias. QT prolongation and torsades de pointes. Vascular: hypotension. Gastrointestinal: nausea, vomiting, diarrhoea, abdominal discomfort, loose stools, flatulence, digestive disorders, anorexia, dyspepsia, constipation, tongue discolouration, pseudomembraneous colitis, pancreatitis. Hepatobiliary: abnormal liver function including hepatitis and cholestatic jaundice. Hepatic necrosis and failure. Skin: allergic reactions. Photosensitivity, oedema, urticaria, angioneurotic oedema, erythema multiforme, Stevens Johnson Syndrome, toxic epidermal necrolysis. Musculoskeletal: arthralgia. Renal: interstitial nephritis, acute renal failure. Reproductive: vaginitis. General: anaphylaxis, fatigue, malaise **Pregnancy and lactation:** Contraindicated. **RRP (excl VAT):** £17.02 **Legal category:** P. **PL number:** 10622/0164. **PL holder:** PLIVA Pharma Ltd., Vision House, Bedford Rd, Petersfield, Hampshire, GU32 3QB. For further sales information contact Actavis (UK) Ltd, Whiddon Valley, Barnstaple, North Devon, EX32 8NS. **Date of preparation:** August 2008. **Date of literature preparation:** September 2008.

actavis
creating value in pharmaceuticals

THE MOTHER (AND FATHER) OF ALL POM-TO-P SWITCHES.

It is now possible to treat people with confirmed chlamydia and their sexual partners without a prescription. Chlamydia is the most common sexually transmitted infection. People generally don't know they have it, but left untreated chlamydia poses a serious threat to fertility. Now you can offer potential mothers and fathers the reassurance of a diagnostic test and - *for the first time without prescription* - an oral antibiotic to clear the infection.

It's called the Clamelle chlamydia service, a significant public health initiative made possible by the POM-to-P switch of azithromycin. To take part you will need to register with the NPA, complete your Clamelle training and order Clamelle. Then you'll be ready to help your customers on their way to parenthood.

To register with the NPA, contact 01727 800 401.

Clamelle®
Azithromycin 500mg Tablets

The first OTC oral antibiotic is here to treat chlamydia.

C+D AWARDS 09

The best industry event of the year is back and it promises to be even more glamorous and prestigious than before. Championing the very best of community pharmacy, the C+D Awards 2009 celebrates the people and companies who go above and beyond the call of duty when delivering pharmacy services.

Whether you are a newly qualified pharmacist or a pharmacy technician, an LPC chief executive or a pre-reg student, this is your chance to be in the spotlight. Tell us about your achievements and it could be you on the winner's podium.

Last year's event was a glittering occasion, as the winners received their trophies in front of a sell-out crowd at London's Grosvenor House Hotel and partied late into the night. This year there are 15 categories covering every aspect of community pharmacy – so make sure you don't miss the chance to be a C+D Award winner.

Trophies will be presented at an awards ceremony on Wednesday 17 June 2009 at London's Grosvenor House Hotel. Complete your entry now and don't miss the chance to be a winner at the C+D Awards 2009.

Good luck!

Gary Paragpuri, C+D Editor

The award categories

- Community Pharmacist of the Year
- Pre-registration Graduate Pharmacist of the Year
- New Pharmacist of the Year
- Pharmacy Manager of the Year
- Pharmacy Technician of the Year
- Pharmacy Assistant of the Year
- MUR Champion of the Year
- Clinical Service of the Year
- Retail Service of the Year
- Business Development of the Year
- Green Award
- Pharmacy Team of the Year
- Pharmacy Innovation of the Year
- Pharmacist Prescriber of the Year
- Pharmacy Business Leader of the Year

Full details of all the categories, an entry form and hints and tips can be found on the C+D website at **www.chemistanddruggist.co.uk/awards**

The judges

Carwen Wynne Howells, chief pharmaceutical adviser, Wales
Norman Morrow, chief pharmaceutical officer, Northern Ireland
Keith Ridge, chief pharmaceutical officer, England
Bill Scott, chief pharmaceutical officer, Scotland
Andy Murdock, director of pharmacy, Lloydspharmacy
Alan Nathan, pharmacy writer/consultant
Clive Jackson, chief executive, National Prescribing Centre
Rob Darracott, chief executive, CCA
John D'Arcy, interim managing director, Numark
Steve Dunn, business consultant
Rachel Marchant, senior learning & development manager, Boots
Nicola Griffith, group training & development manager, Co-operative Pharmacy
Marilyn Jones, training manager, Weldricks
Paul Bennett, superintendent pharmacist, Alliance Boots
Nick Barber, professor of pharmacy practice, London School of Pharmacy
John Nuttall, managing director, Co-operative Pharmacy
Jonathan Mason, national clinical director for community pharmacy, Department of Health
Fin McCaul, C+D Pharmacy Team of the Year 2008 Winner
David Smith, C+D MUR Champion of the Year 2008 Winner
Aniket Parikh, C+D New Pharmacist of the Year 2008 Winner
Nichola James, C+D Pharmacy Manager of the Year 2008 Winner
Pamela MacPherson, C+D Pharmacy Technician of the Year 2008 Winner
Amanda Wells, C+D Pharmacy Assistant of the Year 2008 Winner
Ravi Patel, C+D Pre-registration Graduate of the Year 2008 Winner
Stephen Foster, C+D Clinical Service of the Year 2008 Winner
Paul Howie & Dave Roberts, C+D Business Development of the Year 2008 Winner
Duncan Murray, C+D Retail Service of the Year 2008 Winner
David Croucher, C+D Green Award 2008 Winner
Valerie Sillito, C+D Community Pharmacist of the Year 2008 Winner

How to enter

- Full category details plus hints and tips for entry can be found on our website at **www.chemistanddruggist.co.uk/awards**
- Choose which category you wish to enter. There is no limit to the number of categories you can enter. The same entry cannot be used in more than one category. A separate entry form must be completed for each category entered. Current C+D Award winners cannot re-enter the category they won in 2008 but are free to enter any other category in 2009.
- Entries must be submitted using either the awards entry form below, or alternatively, by completing the simple online entry process at www.chemistanddruggist.co.uk/awards.
- Your submission must not exceed 500 words. You must describe what you have done and why you deserve to win. The judges will look to see how you meet the criteria for each category. Full entry details can be found at C+D's website. You should include supporting material (clearly labelled) such as testimonials, financial results, research, performance metrics, photographs, service protocols, press clippings, marketing material etc. These should be provided to enhance your chances of winning. Remember, the more detail you provide, the easier it will be for the judges to make an informed decision. Please note that supporting material does not count towards the 500 word limit. Please submit five copies of your entry form and all support materials.
- Note that entries without appropriate supporting evidence such as applicable financial information will not be shortlisted, as such information forms an essential part of the judging process.
- All entries will be treated in the strictest confidence and will only be used for the purpose of the judging process. Judges sign a confidentiality agreement and sensitive entry information is not published. We are unable to return any supporting material provided; so you may wish to send copies rather than the original documentation. Work referred to in awards entries should have taken place between 1 January 2008 and 31 December 2008. Preparatory work could have taken place earlier than 1 January but only results achieved in 2008 will be taken into account.
- The judges will independently mark entries against the award criteria set out in each category – so make sure you provide all the information requested. The judges' scores will be collated to find the winner. C+D will notify those who have made it to the shortlist and publish details in the magazine. All shortlisted entrants will be invited as C+D's guests to the awards ceremony on Wednesday 17 June 2009 at the Grosvenor House Hotel in London, where the winners will be revealed and presented with their trophies. The winners will also be featured in C+D following the awards evening.

Entry form

Please complete all fields and send this form or a copy with your entry submission to: Katherine Mannix, C+D Awards 2009, Ludgate House, 245 Blackfriars Road, London SE1 9UY by **Friday 6 March 2009**

You can also enter online at www.chemistanddruggist.co.uk/awards

Category entered

Your full name

Job title

Name of pharmacy

Address

Postcode

Daytime telephone no

Mobile no

Email

Yes, I would like to be registered for the C+D Email news bulletins which will keep me up-to-date with all the awards news as and when it happens ❑

- Please tick this box if you would like to find out about similar products and services for healthcare professionals from CMPMedica. Our emails may also include information from other carefully selected companies that may be of interest to you. Your personal details WILL NOT be passed on to any third party without your consent ❑
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Deep

Tom Hawkins looks at how the credit crunch is impacting on the pharmacy sector and what contractors can do to fight back

Christmas came early for Gill Mott this year. Since the beginning of October, seasonal stock has been lining the shelves of her Norfolk pharmacy.

"For the first time ever, I've actually put out Christmas gifts when they've arrived. People are looking to pay for them in advance," she says.

That's not the only change Ms Mott has noticed. In the three months to September, despite footfall dropping by around 8 per cent, takings at Mott's Pharmacy remained steady thanks to trade from new customers, Ms Mott says, who might be opting for their local pharmacy rather than taking the 13-mile trip to larger stores in Norwich.

She has also noticed changes in buying behaviour. Previously, where patients would come in and ask questions about, or specifically request, more expensive branded medicines, she says they are now increasingly likely to take products recommended by pharmacy staff.

"We're actually having people coming in asking for medicines as opposed to a particular product," she says. "Over the last three months, from summer onwards, we've sold many more [Numark] branded goods."

The question Ms Mott can't answer with any certainty is what's behind these changes. Is it just a seasonal blip? Are local market forces at work? Or, more worryingly, does it echo with the sinister sound of the credit crunch?

It is certainly difficult to dismiss a link to the massive upheaval taking place in the world's financial markets. Seemingly every day, news bulletins laden with adjectives such as 'crisis' and 'turmoil' bring the gloom of the world's financial centres into the lives of 'regular' people. Banks that were free and easy lenders of capital are now tightening conditions around credit, such as loans and overdrafts, while household budgets are being squeezed by higher bills for essentials such as food, utilities and fuel. Onlookers are eager to see how these factors will play out in the UK's high street.

The indicators are not good. In September, respected economic group the Ernst & Young Item Club tentatively said there were "worrying signs" that the woes felt in financial circles would reverberate down to the high street. Just one month later, the group's forecast took a more forceful tone, confirming that the UK economy had "deteriorated dramatically" and sunk into recession. Consumers' real disposable income, they advised, will remain flat into 2009.

For many retailers, a sales injection cannot come soon enough. Helen Dickinson, head of retail at consulting firm KPMG, says: "The key question now is not what has happened but what will be the impact of the current environment on sales over the crucial Christmas trading period – many will be holding their breath."

Feeling the pinch

Among those waiting to exhale will be pharmacy contractors. The profession has already experienced its own financial turmoil in the last year when £400 million was removed from the generics market via category M. It has also had to budget for increased fuel prices – both at the pump for home deliveries and in the form of surcharges from wholesalers – as oil prices hit record highs earlier this year. For many, the credit crunch has turned the screw further.

The tough market conditions have led pharmacy businesses to look at cutting costs, which in turn has forced some difficult decisions. The Co-operative Pharmacy, for example, cut 150 jobs, largely through voluntary redundancy, and reduced the number of hours some staff work.

A spokesman for the company said: "While the full extent of the credit crunch on pharmacy remains to be seen, The Co-operative Pharmacy has focused its attention on making its business as cost-effective and efficient as possible. This has meant some tough decisions to safeguard the long-term future of the business."

Raj Nutan, head of business development at the NPA, says pharmacy, like other sectors, is feeling the impact of the credit crunch. He says members are facing many challenges, from staffing costs to credit terms for loans drawn to buy or expand a business. He advises

contractors to open dialogue with their creditors, both banks and suppliers, to negotiate terms if they are feeling the pinch.

"Some pharmacists are still paying off loans – the typical length is 10 years – so it depends on their terms. If you've got a loan you're paying off at the moment, it's worth chatting to the bank if you're getting into difficulties," he says.

In a sign that some banks are proactively seeking these discussions, John D'Arcy, interim managing director of Numark, says "one or two" members of the symbol group have been contacted to discuss their financial situation. Something, he says, that has not happened for some time.

Pharmacy Partners is a private-equity backed provider of working capital to pharmacies and associate director Andy Harwood says there has been a strong increase in enquiries in recent months as high street banks have retracted from the market.

"It has certainly become more difficult for independent pharmacists to source loans for pharmacy acquisitions, leaving many to put expansion plans on hold."

Hanging on in there

His comments are echoed by Anne Hutchings, managing director of Hutchings Consultants Ltd, who says there has been a decline in sales of pharmacy businesses over the past three months. However, she says this is also related to the fact that sellers are reluctant to put their business on the market in uncertain times.

"I'd imagine, looking at the financial turmoil that's come to the fore in the last couple of months, people are thinking 'if I can hang on a bit it will be better'. Prices have dropped as well because of category M so they're thinking if they can't get as much as ▶

Quick guide: the credit crunch

What is the credit crunch?
A reduction in the amount of credit from financial institutions.

Why is there less credit available?
Banks have been exposed to bad debts by assets that loans are secured against have devalued. This affects the capital banks are willing to lend and so on. Ultimately, this means there is less credit to offer businesses and consumers.

What has caused it?
Mortgage lending to people referred to as 'Ninjas' (no income, no job, no assets) in the US in 2007 is widely cited as the trigger for the current financial crisis. As interest rates increased from 1 per cent to 5.35 per cent in the US, there was a related rise in the number of people defaulting on their loans, leaving the banks exposed.

Five ways to save money

1

Don't waste money on energy
Simple measures such as turning the heating down, switching off lights and using energy-saving light bulbs will all save you money. Also, shop around to get the best deal and take advantage of any discounts, such as paying by direct debit.
www.carbontrust.co.uk/solutions
www.energyhelpline.com

2

Cut down on fuel costs
It might be stating the obvious, but efficient engine use and making sure your tyres are pumped up properly will cut your fuel bill. You might even consider converting your delivery van to LPG.
www.moneysavingexpert.com/travel/cheaper-fuel

3

Buy consumables in bulk
Washing up liquid, loo roll, bags – bulk packs are always better value so stock up at the wholesaler.

4

Keep a close eye on stock
Only order the products your customers want in the volumes that you know you are going to sell. Not enough and you're missing out on sales but unwanted leftover stock is a waste of space and a burden on your balance sheet.
www.insolvencyhelpline.co.uk/business_advice/starting_up/managing_your_business/stock.php

5

Market yourself better
Make your window display work hard to tempt potential customers. Clean shelves and display areas to make your stock look as appealing as possible. Use advertising and the local media to tell the local community how good you are.

they could have got, they're thinking maybe it will come up again."

Ms Hutchings says pharmacy is likely to remain an attractive investment because NHS cash is now responsible for up to 90 per cent of pharmacy income, providing a degree of protection against the vagaries of consumer spending.

Mr D'Arcy of Numark agrees: "In many respects, pharmacy, while not recession proof, should be able to survive a recession better than most."

He accepts, though, that there is a "general nervousness" at present and that OTC sales are likely to be affected. "There's less cash floating around. Pharmacy is already feeling the pinch because the supermarkets are snapping up the business. That trend will accelerate a bit."

This increased competition is confirmed by the British Retail Consortium, which noted high levels of promotion and discounting in the toiletries and healthcare sector in September in an indication of how price-sensitive consumers are becoming.

Graham Phillips, a board member of the Independent Pharmacy Federation, closely monitors sales trends at his Manor Pharmacy group in Hertfordshire. He says the trickle of retail sales away from pharmacy has accelerated in the past three months, with toiletries almost gone completely.

"When there's a step-change, it does stand out. It mirrors what happened in 1990, where we saw a big drop in the last recession. Since then it's been steady."

Shifting trends

As well as the move to supermarkets, the search for lower prices has led to more shoppers going online, with internet pharmacy ChemistDirect reporting a rise in business. Founder Mitesh Soma says the company has always focused on low prices and that he is not looking to exploit the current situation. "The credit crunch is one factor having a particular impact on us as people are looking for cheaper products and shopping around," he says.

According to Mr Soma, preliminary indications show a rise in headache tablets and sleep loss treatments in recent months as well as unexpected increases in other product areas. In particular, as pressured finance workers appear to replace expensive nights out with quiet nights in, there has been a knock-on effect in rising sales of pregnancy testing kits and Viagra – a story snapped up with relish by The Sun under the headline 'Bed-it crunch!'.

Pharmacy sales data from analyst IRI reveals that any uplift has not been reflected across the profession as a whole. Business unit director Martin Wood says any talk of pharmacy benefiting from sales of pregnancy testing kits as part of a credit crunch baby boom are ill-founded, particularly in the independent sector. "Independent chemists are suffering in that sales of pregnancy testing kits are moving over time to grocery – but this was happening before the credit crunch," he says.

But there is other evidence to back up claims the credit crunch is changing patient behaviour. The Blood Pressure Association, promoting an awareness campaign, recently said the credit crunch was responsible for a blood pressure 'ticking time bomb' as Britons cut back on fresh fruit and vegetables and forfeited trips to the gym in favour of unhealthy takeaways.

A further study carried out by financial services company Engage Mutual asked almost 2,000 adults what health costs they were struggling to afford, to which 23 per cent cited daily vitamins and health supplements and 20 per cent said the prescription charge. Research that, if nothing else, underlines the importance of informing patients about pre-payment certificates.

Company spokesman Karl Elliott said: "With the cost of living on the rise, our research shows a shocking number of people struggling to pay for some quite basic family healthcare necessities."

Meanwhile, in the US, data from IMS Health shows the number of prescriptions fell in the first two quarters of the year as cash-strapped patients reined in spending. While few comparisons can be drawn between the NHS and health services across the Atlantic, the information does raise questions about how consumers prioritise money during a downturn. Does the stress brought on by the credit crunch make it more or less likely that people will focus on their health?

Statistics from IRI again provide the other side of the argument. Mr Wood says although growth in medicines sales is "drifting down" in 2008, this is less to do with the credit crunch and more to do with the fact that seasonal sales were very strong in 2007. "That rate of growth would only have been sustained if levels of colds and flu continued to rise," he says.

Nevertheless, the next few months will prove tense times. Graham Phillips emphasises the need to maximise available funding from services, describing MUR income as "mission critical". He also urges contractors to resist combating a decline in sales by increasing product ranges, since it does not address the root cause and only serves to tie up cash. Instead he advocates close analysis of sales data and a focus on successful lines, particularly those that can be supplemented with advice.

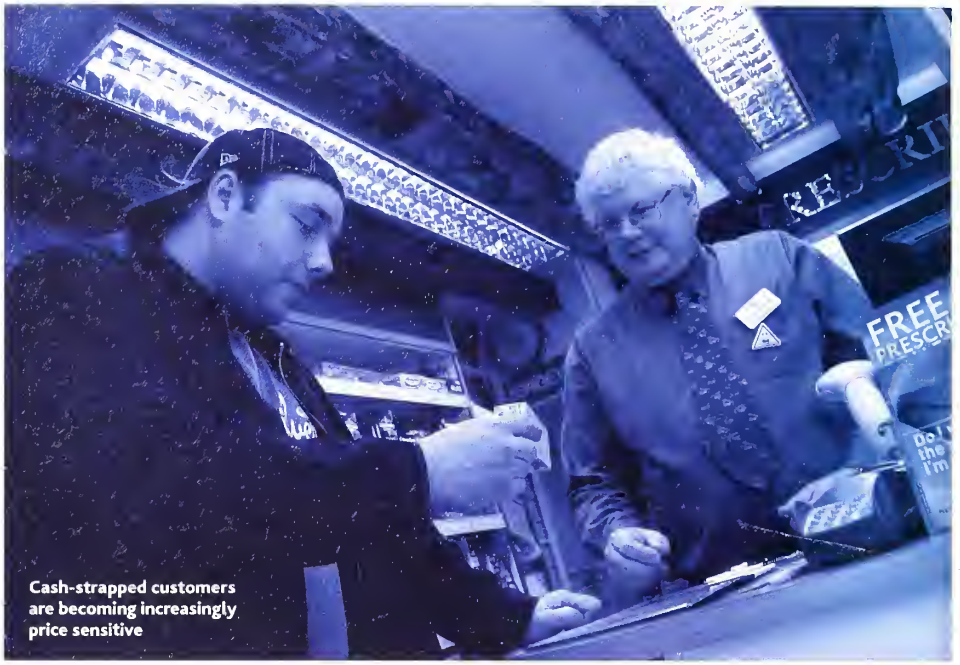
Winter warmers?

With the chilly nights now drawing in, a strong showing for winter remedies and the Christmas season could provide welcome retail relief. So, too, would a rise in new year promises to stop smoking, lose weight or purify the body and soul with detoxification treatments. But as with all opportunities, there will be the related challenges, such as gauging appropriate staffing and stock levels.

Mr Harwood of Pharmacy Partners says managing the impact of these challenges on cashflow is vital. He adds that contractors can safeguard themselves to an extent by actions such as negotiating early settlement discounts for cash with suppliers.

He says: "Ensure you focus on cashflow over the next 18 months to two years. Remember, the reason that nine out of 10 businesses fail is due to insufficient cash resources to meet working capital requirements."

Respite might come from a different source in January as the impact of the new funding package agreed between PSNC and the Department of Health becomes apparent. Mr Nutan of the NPA concludes: "We'll wait until January 2009 to see what impact an increase in practice payments will have. As last year, when January 2008 was quite a key time when you got your statement through, that's what January 2009 will be now."



Cash-strapped customers are becoming increasingly price sensitive

The cost of property

In April 2010, business owners face an estimated 15 per cent rise in rates following a revaluation of commercial premises by the government. In an exclusive online article, Philippa Aldrich and Claire MacDonald of law firm Shadbolt LLP give their advice on what the revaluation means and what you can do. Go to www.chemistanddruggist.co.uk/features

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postScript

Open Mike — Mike Hewitson

The not-so-secret diary of a new pharmacy owner

Mike Hewitson is a glutton for punishment. In the midst of economic downturn and with first-time fatherhood looming, Mike has bought his first pharmacy. In this regular column, follow him from his former home in Cheltenham to Beaminster Pharmacy in deepest, darkest Dorset, and Mike will reveal the fears, frustrations and step-by-step successes of a new pharmacy owner.

> "At 8pm on my first Sunday, I found myself providing my first prescription delivery to the video shop"

What a first couple of weeks it has been. The town's grapevine seems to have signalled the change of ownership and lots of people keep coming up to me and introducing themselves, which is touching – if a bit unsettling when you're in the veg shop!

Our first weekend was spent painting the inside of the shop, but only after a two-hour odyssey to find a bank that was open on a Saturday to drop off our first week's takings. Then, covered in paint, bedraggled and weary on Sunday evening, I decided to go to the local video shop.

Not having anything with my new address on, I threw myself at the mercy of the shop assistant, telling her that I was the new owner of the pharmacy two doors down. "Just the person," she said, "my daughter has a prescription that I forgot to collect..."

And so, at 8pm on my first Sunday, I found myself providing my first prescription delivery to the video shop. I guess you are never truly off duty in a small town, the realisation of which will make me think twice before I go out covered in paint again!

But, just when I thought things were going reasonably well, a letter arrived...

Follow Mike online at www.chemistanddruggist.co.uk/openmike

Getting silly for cancer research

The Stock & Lindsay pharmacy in Redditch's Matchborough Centre raised over £400 for cancer research with a "day of silliness" last month.

Staff dressed up in "really daft" pink wigs and feather boas – the men were especially keen, according to dispenser Clare Poultney – sold cakes, held a raffle and ran games with prizes of credit to spend in the store.

"It was really fun," said Clare, pictured far left with (from left to right) shop assistant Sue Edwards, manager Jon Worton, shop assistant Ange Byford, dispenser Sarah Jones and delivery driver Peter Hunt. She added: "And there's still money coming in."

Web comment of the week

Contractors cynical over pricing accuracy
Posted by Dave Roberts, on 07/11/2008, 10:04

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Putting their feet up

Congratulations to three lucky pharmacists who can put their feet up for a day and enjoy locum cover courtesy of C+D and Pharmacy Partners. Mr B Lakman, N Waidhofer and Gill Mott were the winners of a prize draw for finance survey respondents.

The following 10 winners will receive £25 Marks & Spencer vouchers: Mrs A C Garrett, Chris Nicholls, Aisling O'Brien, Keith Walker, Glyn Ratcliffe, Mai Wah Fan, Gina Moreland, Bhavic Patel, Eric Brown and C E Jay. Thank you to all readers who completed the survey.

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